**Supplemental Table 1. Standardized Penicillin Allergy Review**

|  |
| --- |
| 1. Antibiotic (penicillin, amoxicillin, amoxicillin-clavulanate, Augmentin, etc.): |
| 2. Age of child at time of reaction: |
| 3. What was the antibiotic prescribed for? (ex, strep throat, ear infection, etc.) |
| 4. Describe the reaction your child had: |
| 5. Select any specific signs and symptoms (place an X in front of underscore):  (X\_ example)  \_ anaphylaxis  \_ shortness of breath  \_ hives (If so, where: \_)  \_ angioedema (tongue/lip/facial swelling)  \_ throat closing  \_ itching (If so, where: \_)  \_ rash (If so, where: \_)  \_ dizziness  \_ nausea  \_ vomiting  \_ swelling (If so, where: \_)  \_ stomach upset/pain  \_ diarrhea  \_ dizziness  \_ drowsiness  \_ weakness  \_ muscle pain/soreness  \_other: (please list) |
| 6. How soon after starting the medication did the reaction happen? (please write number)  (12\_example)  \_number of doses  \_hours  \_days  \_weeks  \_other |
| 7. Did you seek medical attention for the reaction?  \_Y  \_N  If yes, were you seen in the:  \_ Emergency Department/Urgent Care  \_ Doctor’s office  \_ Admitted to the Hospital  \_Other  \_n/a |
| 8. Was the medication stopped by a doctor?  \_Y  \_N |
| 9. Did your child require medical treatment for the reaction?  \_Y  \_N  If yes, what medications were given (ex: Benadryl, diphenhydramine, epinephrine, steroids): \_ |
| 10. What happened after the antibiotic was stopped: \_ |
| 11. Are there any antibiotics your child has taken and tolerated (ex: amoxicillin (Amoxil®), amoxicillin/clavulanate (Augmentin®), cephalexin (Keflex®), cefdinir (Omnicef®), cefixime (Suprax®)? \_ |
| 12. Has your child had drug allergy testing?  \_Y  \_N  If yes, what were the results |