

**PENICILLIN ALLERGY**

Date: \_\_\_\_\_



Form completed by: Patient Spouse Parent or Guardian Other \_\_\_\_\_

Medication of Concern: \_\_\_\_\_

When was medication reaction? \_\_\_\_\_ Patient age at time of reaction \_\_\_\_\_

Why was medication given? \_\_\_\_\_

Were viral symptoms present? (circle) Y N fever, diarrhea, other \_\_\_\_\_

At what dose did the reaction occur? (circle) First Last other unknown

How long after dose did the reaction occur? <1 hour 1-24 hours 1-3 days >3 days

How was the medication taken? (circle) by mouth injection (IM) IV topical

How long did the reaction last? \_\_\_\_\_

Treatment for reaction: (circle) Antihistamine Adrenaline(epinephrine) Steroids(prednisone) IV Oxygen

Did it require visit to: (circle) Hospital Doctor's office

Have you had the medication since the reaction? \_\_\_\_\_ Did you have medication prior to the reaction? \_\_\_\_\_

Were you on any other medications at the time? \_\_\_\_\_

Other medication allergies and reactions: \_\_\_\_\_

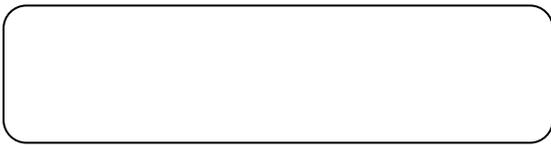
\_\_\_\_\_

Describe reaction to penicillin: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(PLEASE COMPLETE BACK ALSO)



Indicate symptoms at time of reaction: (circle)

**SKIN:** Flushing  
 Itching  
 Hives  
 Swelling  
 \*Blisters  
 \*Peeling skin  
 Other rash (describe) \_\_\_\_\_

**CARDIOVASCULAR:** Lightheadedness/dizziness  
 Heart racing/slowed heart rate  
 Fainting/loss of consciousness  
 Palpitations  
 Tunnel vision  
 Difficulty hearing  
 Low blood pressure  
 Loss of urine/bowel control  
 Cardiac arrest

**EYES, EARS, NOSE:** Eye itching                      \*Eye redness  
 Tearing                                      \*Eye pain  
 Swelling eyelids                      \*Vision disturbance  
 Runny nose                                \*Facial swelling  
 Nose itching  
 Nasal congestion  
 Sneezing

**GASTROINTESTINAL/ GYNECOLOGIC:** Nausea  
 Vomiting  
 Abdominal cramping or pain  
 Diarrhea  
 Vaginal itching  
 Uterine cramping or bleeding

**MOUTH:** Itch/tingle of lips, tongue, inside mouth  
 Metallic taste  
 Swelling of lips, tongue or uvula  
 \*Blisters  
 \*Mouth sores/ulcers

**GENERAL:** \*Fever  
 \*Muscle aches/pain  
 \*Joint aches/pain

**THROAT:** Itching  
 Tightness/swelling of throat  
 Change in voice quality/hoarseness  
 Difficulty swallowing  
 Drooling

**NEUROLOGIC:** Anxiety  
 Sense of impending doom  
 Altered mental status/confusion  
 Seizures

**LUNGS:** Short of breath  
 Chest tightness  
 Repetitive cough  
 Wheezing  
 Drop in Oxygen

**OTHER/MISC:** \_\_\_\_\_  
 Immediate reactions to drugs often present with combination of the above signs and symptoms. From 2018 UpToDate  
 \*symptoms associated with TEN/SJS  
 (Stevens-Johnson syndrome is a medical emergency that starts with flu-like symptoms (fever >102, muscle/joint pain), followed by a painful blistering rash, skin peeling, mouth/throat ulcers/blisters, and eye pain/redness)

Additional History

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?	Yes	No
Burn type rash (erythroderma, sunburned appearance)		
Blistering rash (Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis)		
Bruising/bleeding rash (vasculitis)		
Pustular rash/pimple-like rash (neutrophilic dermatosis)		
Peeling rash (exfoliative dermatitis)		
Autoimmune diseases: bullous pemphigoid, pemphigus vulgaris, linear IgA bullous disease, drug-induced lupus		
Delayed rash from medication administration ( >1 hour after dose)		
Cephalosporin allergy		
Symmetrical "baboon syndrome" (SDRIFE) inguinal/gluteal/flexural exanthemas, groin/elbow rash		
Anaphylaxis		
Hives (apart from penicillin)		

