

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

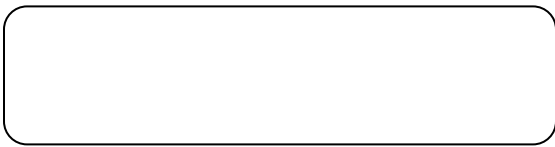
Have you had the medication since the reaction? _____ Did you have medication prior to the reaction? _____

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) _____

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

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

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

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

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

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

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

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

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)		

