

How to Conduct Challenge to Delabel Penicillin Allergy in Children in Outpatient Setting

Prior to challenge

- Educate involved staff regarding purpose of challenges, benefits, and low risks.
- Normal staffing ratios are acceptable and 1:1 staffing is not needed (same level of staffing as for routine vaccinations).
- Need area to administer doses, rooms (or waiting room) for monitoring
- Medications needed: Amoxicillin in liquid or capsule form, oral antihistamine (e.g. cetirizine or diphenhydramine), epinephrine (epinephrine autoinjector or 1:1000 epinephrine, NOT 1:10000 epinephrine ampules in crash cart)
- Obtain verbal or written consent from patient (see written consent template)
- Patients should stay on other medications, should NOT go through challenge if on other antibiotics

Challenge appointment

- Obtain vital signs
- Physical exam with close attention to cutaneous findings
- Can do 1 or 2-step amoxicillin challenge.
- Example 1-step challenge: single 250-500mg dose
- Example 2-step challenge: give 1/10th of dose (25-50mg), wait 10-30 minutes, then full dose (250-500 mg)
- Post challenge wait time: 30 minutes to 1 hour
- Ask child or caregiver to report any new symptoms (itching, rash, breathing difficulties) to clinic staff

Post-challenge education

- Remove penicillin allergy from EHR
- Inform other physicians regarding the appointment
- Advise caregivers to ask to have penicillin allergy removed from EHRs that don't communicate with local EHR
- Consider notifying patient's pharmacy
- Advise patient / caregivers to NOT mention penicillin allergy at future medical appointments
- Advise patient / caregivers to contact office with any new rash or other symptoms.
- If child develops a rash up to 5 days after challenge, continue to avoid penicillin and refer to Allergist for further evaluation.