Figure 3. Algorithm to identify paediatric patients at low risk for penicillin allergy Possible penicillin allergy Based on review of clinical history and/or medical record Has same antibiotic been YES taken again without reaction? NO Previously assessed by allergist YES and diagnosed with allergy? NO Inadequate details from Acute symptoms **Delayed symptoms** history • Onset: 2 h or less after most recent dose • Symptoms: Or was administered Macular rash Maculopapular rash OR AND Does not fit into acute Urticaria • One or more symptoms of: or delayed symptom **AND** Urticaria, angioedema categories • Onset: Wheeze, dyspnea, throat After 1st day of therapy tightness/swelling, voice change Over 2 h after most recent dose Dizziness, syncope, hypotension AND Vomiting/diarrhea • Duration of symptoms: Longer than 24 h AND • Duration of symptoms: Less than 24 h after discontinuing antibiotic Symptoms of severe systemic or cutaneous adverse drug reaction? Mucous membrane involvement Skin desquamation Arthritis/arthralgia Lymphadenopathy Ongoing, unexplained fever Evidence of kidney or liver involvement YES NO Allergic: Refer to Not allergic to Possible penicillin allergy: Low risk for penicillin allergist for penicillin: May Avoid re-exposure and refer allergy: May prescribe reassessment 5 prescribe again to allergist for further again or consider years from diagnosis supervised test dose assessment

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Source: Beta-lactam allergy in the paediatric population; Allergy Section; January 30, 2020; available at www.cps.ca