

## Pediatric Guidelines: Assessment of Antibiotic Allergies

- Patients who report antibiotic allergies often receive antibiotics that are less effective against the infections they may have, or are associated with higher toxicity risk and/or cost than the standard therapy.
- The majority of patients who report antibiotic allergies do not have true IgE-mediated allergic reactions to those drugs. Therefore, careful assessment of the reported reaction is needed to determine the risk for cross-reactivity and inform appropriate selection of therapy.
- True IgE-mediated reaction consists of urticaria (hives), angioedema (swelling), respiratory distress, vomiting, hypotension, or other findings of anaphylaxis.
- Amoxicillin and Ampicillin are associated with development of a delayed maculopapular rash in ~5-10% of patients who receive these drugs. These reactions are not IgE-mediated; careful history should be obtained to differentiate from an IgE-mediated reaction.
- Refer to the Inpatient Beta-Lactam Allergy Guideline<sup>[1]</sup> for evaluation and management of patients with a documented beta-lactam allergy.

**Reference:** Weiss, ME, *et al.* Drug allergy: an updated practice parameter<sup>[2]</sup>. *Ann Allergy Asthma Immunol* 2010;105:273.e1-273.e78

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### Links

[1] [https://idmp.ucsf.edu/sites/idmp.ucsf.edu/files/beta-lactam\\_pathway.pdf](https://idmp.ucsf.edu/sites/idmp.ucsf.edu/files/beta-lactam_pathway.pdf)

[2] <https://www.aaaai.org/aaaai/media/medialibrary/pdf%20documents/practice%20and%20parameters/drug-allergy-updated-practice-param.pdf>