Medicines Safety Tablet Press Extra
Medicines safety newsletter for GPs, nurses and pharmacy teams
NHS Northamptonshire ICB
Issue: 3
June 2025

Drug Allergy Documentation and Penicillin Allergy De-labelling

Accurate recording of drug allergies aids patient safety by avoiding patient exposure and consequent allergic reactions. Incorrect recording of adverse reactions as allergies may expose patients to harm when second line drugs are used in serious clinical situations.

Drug allergies should be assessed following NICE guideline CG183: Drug allergy: diagnosis and management.

It is important to ensure that drug allergy and hypersensitivity is documented separately from adverse drug reactions so it is clearly visible.

The prescriber retains the principal responsibility for ascertaining allergy status of any patient for whom they prescribe. However, it is the responsibility of every person involved in the medication process, prescribing, dispensing or administration, to take every practical step to establish the allergy status of the patient. The only exception to this is in an emergency situation where this information is unobtainable and the risk of not treating the patient outweighs the risk of having the information needed to make a fully informed decision. It must be recognised that prescribing and administering medicines without establishing allergy status is potentially hazardous.

Drug allergies should be documented in the patient's record including the following details:

- the generic and proprietary name of the drug or drugs suspected to have caused the reaction, including the strength and formulation
- a description of the reaction
- the indication for the drug being taken (if there is no clinical diagnosis, describe the illness)
- the date and time of the reaction
- the number of doses taken or number of days on the drug before onset of the reaction
- the route of administration
- drugs or drug classes to avoid in future

Ensure the patient is aware of what drugs or classes of drugs they need to avoid in the future and advise them to check with the pharmacist before taking over the counter medication.

Adverse drug reactions should be reported to the MHRA via the Yellow Card reporting scheme.

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Penicillin Allergy

Around 1 in 10 of the UK population are currently labelled as having a penicillin allergy. **Only 10% of those currently coded as having a penicillin allergy are truly allergic.**

Patients who are labelled as penicillin allergic are

- 8% more likely to die from pneumonia within 30 days
- 20% more likely to be hospitalised
- 10% more likely to need ITU care for pneumonia
- Have 70% more MRSA colonisation/infections
- Have 26% more C. Difficile infections
- Have an 83% higher risk of surgical site infection

This is regardless of whether the penicillin allergy label is correct and may be due to use of less effective antibiotics and more use of broad spectrum antibiotics including last line reserve antibiotics.

Alternatives to penicillin may be more harmful

- Macrolide use is associated with an increased risk of myocardial infarction
- Fluoroquinolones are associated with tendonitis and altered vision, hearing, taste and smell, which may persist long term

Penicillin Allergy De-Labelling Toolkit

We have produced a Penicillin Allergy De-Labelling Toolkit to support practices who may want to review patient's penicillin allergy coding. Identifying patients with an inappropriate code and de-labelling the allergy code can help them to receive appropriate antibiotic treatment.

The toolkit uses the CATALYST (Challenging Antibiotic Allergy Status) criteria to identify the patients unlikely to have a true penicillin allergy. The toolkit includes an assessment tool and patient information leaflet.

Practices may want to review patients with penicillin allergy as a quality improvement project. The toolkit includes searches to identify the patients with a penicillin allergy read-code who are most likely to be suitable for de-labelling. This includes a search to identify patients coded as having a penicillin allergy for more than 10 years and had a prescription for a penicillin derivative after the date the allergy code was added.

If a practice would like to consider implementing this as a quality improvement project please contact the Medicines Optimisation Team who can support this project and provide further advice.

Contact details for MOT:

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