

Antibiotics and Penicillin Allergy

*SEVERE PENICILLIN ALLERGY:

Normally within 1 hour (up to 12 hours)

Anaphylaxis
 Angioedema
 Urticarial rash/pruritus
 Wheezing/stridor

**Non-severe penicillin allergy:

Normally after 24 hours

Maculopapular/morbiliform rash
 Serum sickness (fever, rash, arthralgia,
 glomerulonephritis)

CONTRA-INDICATED

Avoid in severe*
 and non-severe**
 penicillin allergy



CAUTION

Avoid in severe*
 Penicillin allergy



CONSIDERED SAFE



Amoxicillin

Co-amoxiclav (Augmentin®) = Amoxicillin + Clavulanic acid

Flucloxacillin

Penicillin G (Benzylpenicillin)

Penicillin V (Phenoxymethylpenicillin)

Piperacillin + Tazobactam (Tazocin®)

Individuals with a severe* allergy to penicillin **SHOULD NOT** receive a penicillin, cephalosporin or another Beta-lactam antibiotic.

Individuals with a non-severe** penicillin allergy **SHOULD NOT** receive a penicillin but cephalosporins, carbapenems and other beta-lactams can be used for these patients with **CAUTION** as the risk of cross sensitivity is low

All cephalosporins including:

Cephalexin	Cefixime	Cefotaxime
Ceftazidime	Ceftriaxone	Cefuroxime

All carbapenems including:

Ertapenem
 Imipenem + Cilastatin
 Meropenem

Other beta-lactams:

Aztreonam (may be used with caution in severe penicillin allergy – discuss with microbiology)

Amikacin

Azithromycin

Chloramphenicol

Ciprofloxacin

Clarithromycin

Clindamycin

Colistin

Co-Trimoxazole

Doxycycline

Erythromycin

Fosfomycin

Gentamicin

Levofloxacin

Linezolid

Metronidazole

Nitrofurantoin

Norfloxacin

Ofloxacin

Rifampicin

Sodium Fusidate

Teicoplanin

Tetracycline

Tigecycline

Trimethoprim

Tobramycin

Vancomycin