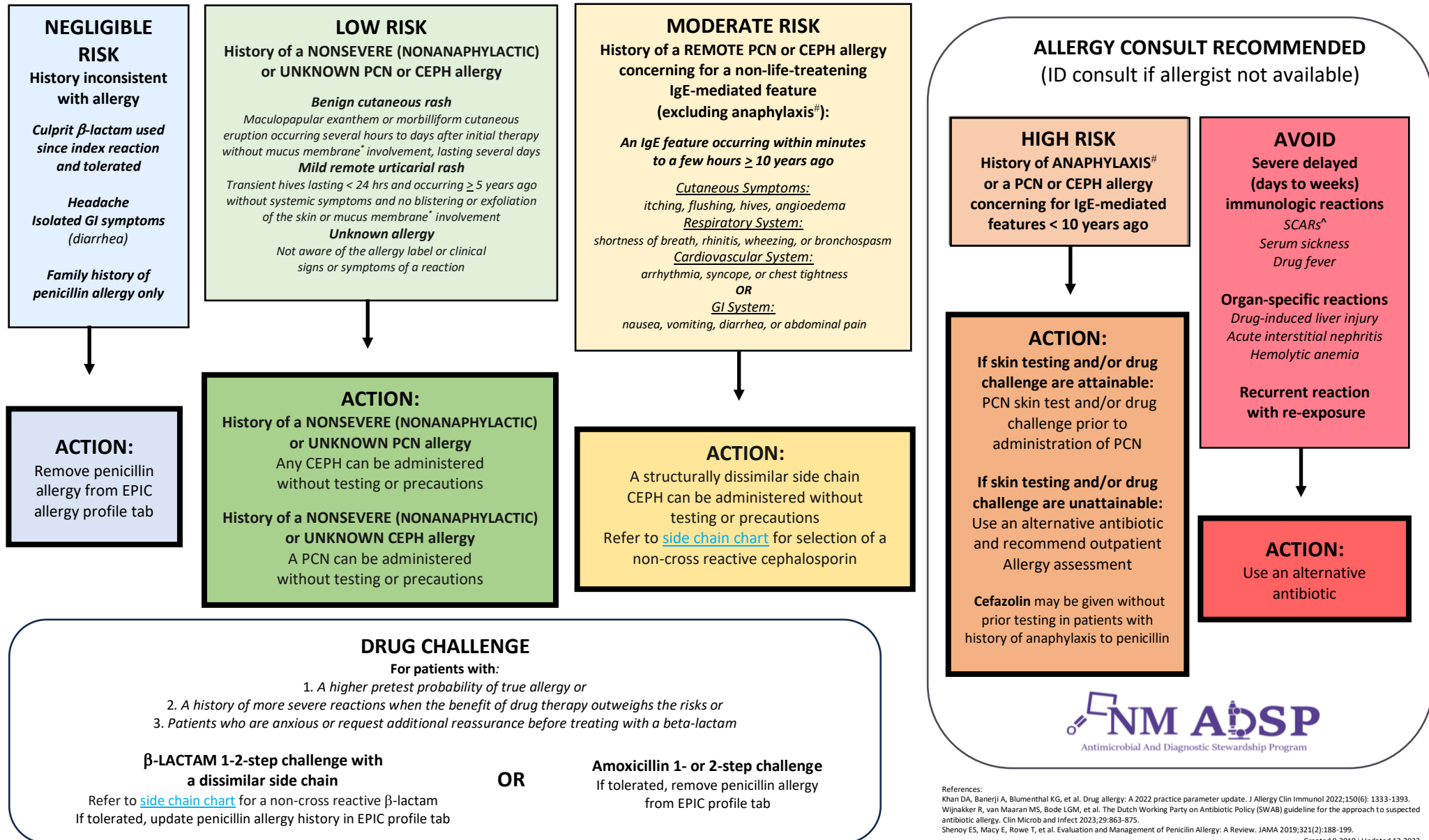


Northwestern Medicine β -Lactam Allergy Risk Assessment and Clinical Pathway for Non-Critically Ill Inpatients

*****Document any new findings or changes to the patient allergy history within the EPIC allergy profile tab*****

The NM β -lactam Allergy Risk Assessment and Clinical Pathway for Non-Critically Ill Inpatients is a guide and should be used with the [NM In-patient and Out-patient \$\beta\$ -Lactam Cross-reactivity Chart for Drug Challenges](#) when assessing the decision to drug challenge with a β -lactam. Recommendations are based on published literature written by content experts that have considered similarities in structures, in vitro or skin test-based patterns of cross reactivity, challenge results, and clinical evidence, where available. Examples of historical allergy features are provided to assist with risk stratification, however, not all inclusive. Clinical reasoning and clinical judgment should be applied throughout this process.

1. Collect and evaluate the historical allergy features of the patient for risk assessment.
2. Determine the risk of a drug allergy if a direct β -lactam challenge (without prior skin testing) were to be administered to the patient.
3. Follow the recommended ACTION based on the safest and beneficial risk category for the patient.
4. Consult ADSP if assistance is needed.



References:
Khan DA, Banerji A, Blumenthal KG, et al. Drug allergy: A 2022 practice parameter update. *J Allergy Clin Immunol* 2022;150(6): 1333-1393.
Wijnakker R, van Maaran MS, Bode LGM, et al. The Dutch Working Party on Antibiotic Policy (SWAB) guideline for the approach to suspected antibiotic allergy. *Clin Microb and Infect* 2023;29:863-875.
Shenoy ES, Macy E, Rowe T, et al. Evaluation and Management of Penicillin Allergy: A Review. *JAMA* 2019;321(2):188-199.
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* **Mucus membrane:** the eyes, mouth, nose, genitourinary.
Anaphylaxis: life threatening multi-system allergic reaction (CUTANEOUS + RESP, GI and/or CARDIOVASCULAR systems) requiring prompt treatment with epinephrine, supportive care, and adjunctive antihistamines, corticosteroids, and albuterol, as needed.
^ **Severe cutaneous adverse reactions (SCARs):** drug reaction with eosinophilia and systemic symptoms (DRESS), acute generalized exanthematus pustulosis (AGEP), Stevens-Johnson syndrome (SJS)/toxic epidermal necrolysis (TEN).