

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/morbilliform rash
Serum sickness (fever, rash, arthralgia, glomerulonephritis)

CONTRA-INDICATED

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

Amoxicillin

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

Flucloxacillin
Penicillin G (Benzylpenicillin)
Penicillin V (Phenoxyethylpenicillin)
Piperacillin + Tazobactam (Tazocin®)
Temocillin
Ticarcillin + Tazobactam (Timentin®)
All cephalosporins including:

Cefalexin 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)

CONSIDERED SAFE
Amikacin
Azithromycin
Chloramphenicol
Ciprofloxacin
Clarithromycin
Clindamycin
Colistin
Co-Trimoxazole
Doxycycline
Erythromycin
Fosfomycin
Gentamicin
Levofloxacin
Linezolid
Metronidazole
Nitrofurantoin
Norfloxacin
Ofloxacin
Oxytetracycline
Rifampicin
Sodium Fusidate
Teicoplanin
Tetracycline
Tigecycline
Trimethoprim
Tobramycin
Vancomycin

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.