

**Evaluating Penicillin Allergy in the Primary Care Setting**

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### RESULTS

- 63 patients were evaluated.
- The PEN-FAST score distributions are shown, Fig. 2.
- 16 patients (25.4%) were eligible for label removal, of whom only 9 (14.3%) were agreeable.
- 1 patient had the allergy status affirmed.
- The remaining 46 patients (73%) were eligible for further evaluation by skin testing and/or oral amoxicillin challenge, however only 26 (44.4%) agreed.

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### METHODS

- From June 2021 through September 2022, we prospectively evaluated all consecutive patients presenting to the office of a teaching internist and had a label of PCN allergy in the electronic health record (EHR).
- We developed an algorithm (Fig. 1) for risk-stratification of PCN allergy by incorporating the existing system-wide University of Pittsburgh Medical Center (UPMC) algorithm and the validated PEN-FAST score. Our protocol was reviewed by the allergy, infectious diseases, and pharmacy departments.
- In addition, we reviewed data from EHR regarding prior antibiotic administration.

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### DISCUSSION

- 14.3% of patients in our cohort had their label removed by clinical evaluation.
- Per our protocol, most patients would require either amoxicillin challenge or skin testing followed by amoxicillin challenge before label removal, which requires additional training, cost, and resources. However, our algorithm was intentionally conservative, to accommodate potential low risk tolerance among primary care physicians.
- Both direct and indirect cost savings from avoiding non-penicillin antibiotics will likely offset the cost of further evaluation.
- Most patients can eventually have the label removed; however, we encountered many who were hesitant to make any change to their allergy status stating, “I don’t want to take any chances”, hence the importance of initial accurate documentation.
- Patients with any reported penicillin allergy may safely receive cefazolin.

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### REFERENCES