Appendix 3. Allergy to penicillin – Patient information leaflet

What is penicillin?

Penicillin is a type of antibiotic. It works very well to treat common infections caused by bacteria, such as chest infections, tonsillitis, ear infections, sinus infections and skin infections.

Types of penicillin-based antibiotics include amoxicillin, flucloxacillin, co-amoxiclav and phenoxymethylpenicillin.

What is penicillin allergy?

An allergy is a reaction of your body's immune system. An allergy to penicillin causes a range of symptoms. For most people these symptoms are mild and do not need treatment.

Sometimes a severe allergic reaction called anaphylaxis can happen. This is rare, but it can be life-threatening. Symptoms of anaphylaxis include: a rash that spreads fast, swelling of the mouth, throat or tongue, breathing difficulties and collapse. Most people recorded as having an allergy to penicillin will not have had any of these symptoms.

Knowing if you are allergic to penicillin is important, to make sure that you are given the best antibiotic for you.

How common is penicillin allergy?

Around 6% of people in the UK are currently recorded as having an allergy to penicillin. However, evidence suggests that more than 9 out of 10 of these people are not truly allergic when tested.

Why might your medical record show a penicillin allergy when you don't truly have an allergy?

You might have been told that you had a reaction to penicillin as a child. This might have been a rash, which could have been caused by a viral infection and not an allergy or reaction to a penicillin antibiotic.

Sometimes, you might have had non-allergic side effects after taking penicillin. These could include: diarrhoea, feeling sick, being sick, indigestion, headache and thrush. These side effects are common to all types of antibiotics and do not show that you have an allergy to penicillin.

What are the risks of being incorrectly labelled as allergic to penicillin?

Penicillins are often the first antibiotics given to treat an infection. If your medical record shows you have a penicillin allergy, when you need antibiotics you must be given a different type of antibiotic to penicillin to treat the infection.

If penicillin allergy on your medical record is wrong, it can stop you being given the most appropriate medicine to treat an infection.

Evidence suggests that people with a recorded penicillin allergy stay in hospital for longer, and have a higher risk of:

- being readmitted to hospital
- surgical wound infections
- infections (such as MRSA) that are resistant to antibiotic treatment
- severe infections
- being admitted to intensive care.

If your medical record shows you have a penicillin allergy when you don't truly have one, you could miss out on the best and safest treatments for common bacterial infections and be at unnecessarily higher risk of the conditions listed above.

How can I find out if I'm truly allergic to penicillin?

Your GP practice is reviewing people whose medical records state that they have a penicillin allergy.

If you think your medical record might incorrectly suggest that you are allergic to penicillin, then please contact your GP practice to ask them about it.

Alergedd i benisilin – Gwybodaeth i gleifion

Beth yw penisilin?

Math o wrthfiotig yw penisilin. Mae'n gweithio'n dda iawn i drin heintiau cyffredin a achosir gan facteria, fel heintiau ar y frest, tonsilitis, heintiau clust, heintiau sinws a heintiau croen.

Mae amoxicillin, flucloxacillin, co-amoxiclav a phenoxymethylpenicillin yn fathau o wrthfiotigau sy'n seiliedig ar benisilin.

Beth yw alergedd i benisilin?

Alergedd yw adwaith gan system imiwnedd eich corff. Mae alergedd i benisilin yn achosi ystod o symptomau. I'r rhan fwyaf o bobl, mae'r symptomau hyn yn ysgafn ac nid oes angen triniaeth arnynt.

Weithiau, gall adwaith alergaidd difrifol o'r enw anaffylacsis ddigwydd. Mae hyn yn anghyffredin iawn ond gall fygwth bywyd. Mae symptomau anaffylacsis yn cynnwys: brech sy'n lledaenu'n gyflym, chwyddo yn y geg, y gwddf neu'r tafod, anawsterau anadlu a llewygu. Ni brofi'r unrhyw un o'r symptomau hyn gan y rhan fwyaf o bobl y cofnodir bod ganddynt alergedd i benisilin.

Mae gwybod a oes gennych alergedd i benisilin yn bwysig, er mwyn sicrhau eich bod yn cael y gwrthfiotig gorau i chi.

Pa mor gyffredin yw alergedd i benisilin?

Ar hyn o bryd cofnodir bod gan tua 6% o bobl yn y DU alergedd i benisilin. Fodd bynnag, mae tystiolaeth yn awgrymu pan gânt eu profi bod mwy na 9 allan o 10 o'r bobl hyn heb alergedd mewn gwirionedd.

Pam y gallai eich cofnod meddygol ddangos alergedd i benisilin pan nad oes gennych alergedd mewn gwirionedd?

Efallai y cawsoch wybod eich bod wedi cael adwaith i benisilin pan yn blentyn. Gallai hyn fod wedi bod yn frech, a allai fod wedi cael ei achosi gan haint feirysol ac nid alergedd neu adwaith i wrthfiotig penisilin.

Weithiau, efallai eich bod wedi profi sgil-effeithiau nad ydynt yn arwydd o alergedd ar ôl cymryd penisilin. Gallai'r rhain gynnwys: dolur rhydd, teimlo'n sâl, bod yn sâl, diffyg treuliad, cur pen a'r llindag. Mae'r sgil-effeithiau hyn yn gyffredin i bob math o wrthfiotigau ac nid ydynt yn dangos bod gennych alergedd i benisilin.

Beth yw’r risgiau o fod ag alergedd i benisilin?

Yn aml math o benisilin yw'r gwrthfiotigau cyntaf a roddir i drin haint. Os yw'ch cofnod meddygol yn dangos bod gennych alergedd i benisilin, pan fydd angen gwrthfiotigau arnoch rhaid i chi gael math gwahanol o wrthfiotig i benisilin i drin yr haint.

Os yw’r alergedd i benisilin ar eich cofnod meddygol yn anghywir, gall eich hatal rhag cael y feddyginiaeth fwyaf priodol i drin yr haint.

Mae tystiolaeth yn awgrymu bod pobl y cofnodwyd bod ganddynt alergedd i benisilin yn aros yn yr ysbyty am gyfnod hirach, ac mae ganddynt risg uwch o:

- gael eu haildderbyn i'r ysbyty
- heintiau clwyfau llawfeddygol
- heintiau (fel MRSA) sy'n gwrthsefyll triniaeth gwrthfiotigau
- heintiau difrifol
- cael eu derbyn i ofal dwys.

Os yw'ch cofnod meddygol yn dangos bod gennych alergedd i benisilin pan nad oes gennych un mewn gwirionedd, gallech golli’r cyfle i gael y triniaethau gorau a mwyaf diogel ar gyfer heintiau bacterol cyffredin a wynebu risg uwch diangen o'r cyflyrau a restrir uchod.

Sut alla i ddarganfod a oes gen i alergedd gwirioneddol i benisilin?

Mae eich practis meddyg teulu yn adolygu pobl y mae eu cofnodion meddygol yn nodi bod ganddynt alergedd i benisilin.

Os ydych chi'n meddwl y gallai eich cofnod meddygol awgrymu yn anghywir bod gennych alergedd i benisilin, yna cysylltwch â'ch meddyg teulu i’w holi amdano.