Appendix 4. One-page CAPTURE penicillin allergy assessment

ChAllenging Penicillin allergy staTUs - A REview with patient (CAPTURE)

Name:
Patient number:
NHS number:
Date of birth:

Over 2.7 million people in the UK are incorrectly labelled as having a penicillin allergy. This can cause harm and lead to worse health outcomes. By completing this assessment, it is possible to identify people who are not truly allergic to penicillin and discuss removing this label with them.

Section 1: Does the person have an allergy or adverse drug reaction to penicillin on record? ☐ Yes - proceed ☐ No - STOP
When was this last recoded? Click or tap here to enter text.
Which penicillin was involved? ☐ Unknown or ☐ Specify: Click or tap here to enter text.
Details related to index reaction: Click or tap here to enter text.
Exclusion criteria: Under 18 years or unable to give consent

Was this suspected allergy within the last 5 years?	☐ **Yes** (2 points)	☐ **No** (0 points)
Anaphylaxis or angioedema? **OR** Severe cutaneous adverse reaction?* **OR** Urticarial rash?	☐ **Yes** (2 points)	☐ **No** (0 points)
Was treatment required for reaction (e.g. hospital admission, antihistamine, steroid or adrenaline)?	☐ **Yes** (1 points)	☐ **No** (0 points)

* Stevens-Johnson syndrome/toxic epidermal necrolysis, acute generalised exanthematous pustulosis (AGEP), drug reaction with eosinophilia & systemic symptoms (DRESS), Any severe delayed rash with mucosal involvement

Total score:

☐ **0 points: Proceed to section 2** There is < 1% (less than 1 in 100) chance it is a true penicillin allergy

☐ **1-2 points: Allergy remains on record** There is a 5% (1 in 20) chance it is a true penicillin allergy

Would the person like to receive an oral amoxicillin test if available in the future?

☐ Yes ☐ No

☐ **3+ points: Allergy remains on record** There is at least a 20% (1 in 5) chance it is a true penicillin allergy

Section 2: Very low risk symptoms - suitable for de-labelling

Mild GI symptoms (nausea, vomiting, mild abdominal pain, diarrhoea)?	☐ **Yes**	☐ **No**
Thrush or *C. difficile* bowel infection after taking penicillin?	☐ **Yes**	☐ **No**
Mild symptoms like headache, joint pain, change of taste in mouth?	☐ **Yes**	☐ **No**
Family history of penicillin allergy but without personal history of it?	☐ **Yes**	☐ **No**
Has taken and tolerated **any penicillin** following the initial reaction?	☐ **Yes**	☐ **No**

If answered 'Yes' to any of the above, discuss removing the penicillin allergy label with the person. If answered 'No' to ALL the above, only consider removing the penicillin allergy label if there is strong clinical justification.

Does the eligible person consent to removal of penicillin allergy from their active record?

☐ Yes - the person is comfortable taking penicillin in the future and removing allergy record

☐ No - but the person would like to have oral amoxicillin test in the future if the service is available

☐ No - clarify nature of reaction on records

Name of assessor: **Signature:** **Date of assessment:**