

Pharmacist-driven penicillin allergy evaluation and testing: beyond skin testing

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BACKGROUND

- Penicillin allergies are commonly reported but rarely validated and can have clinical as well as financial consequences for patients and hospitals
- Pharmacists have been utilized for this purpose, but most programs have focused on interview or penicillin skin testing (PST)
- PST followed by a graded challenge is more expensive and resource intensive than directly going to a graded challenge

METHODS

- Adult patients with a penicillin allergy admitted between September 2019 and June 2020 were eligible
- Patients were interviewed and tested using institutional protocol
- If the patient passed the challenge, they were delabeled and counseled
- Testing results and changes in antimicrobial therapy were collected

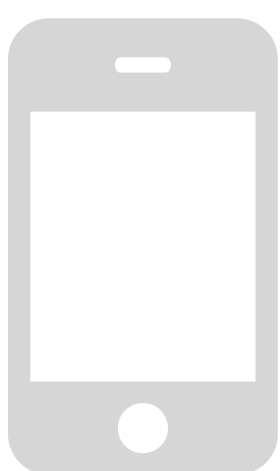
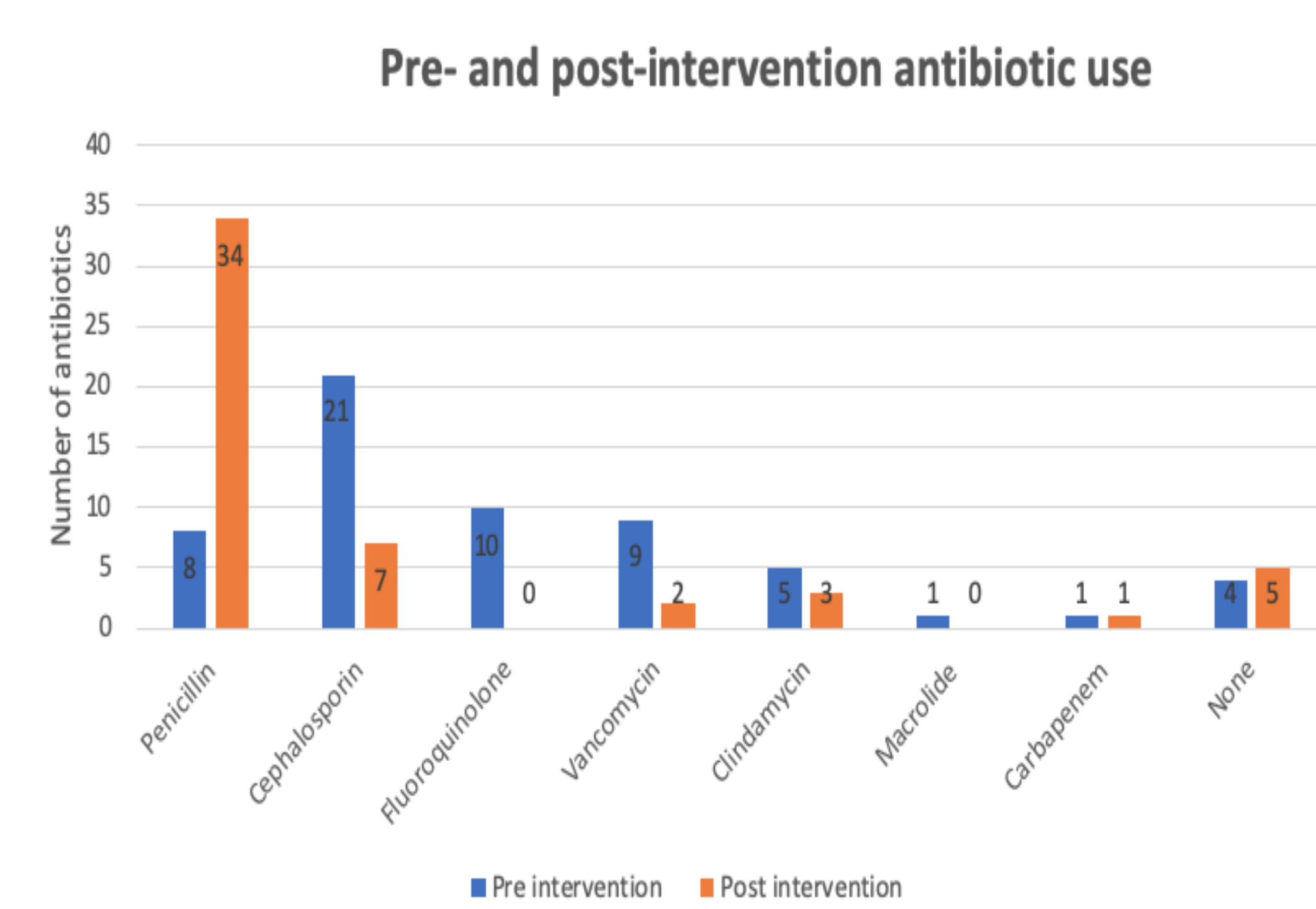
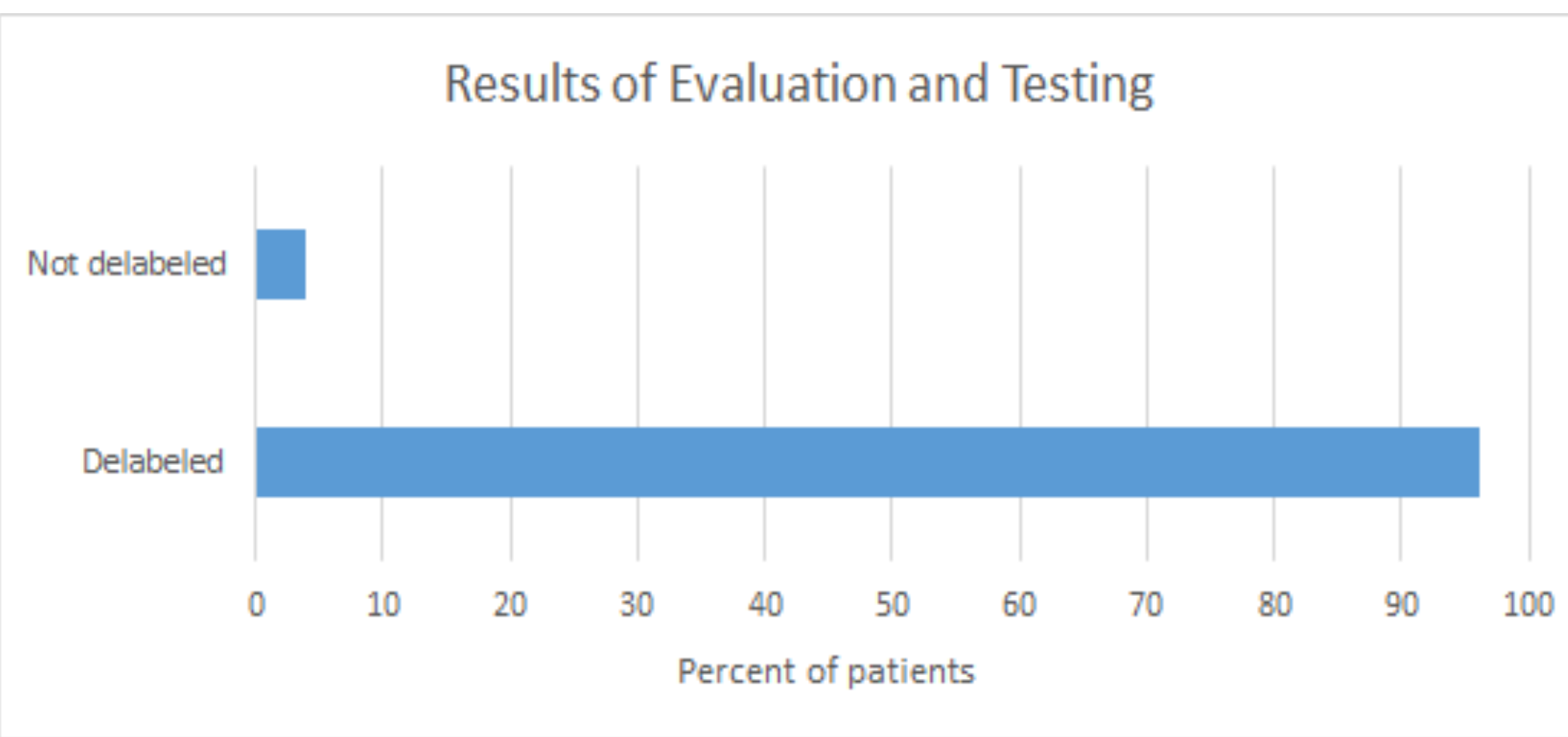
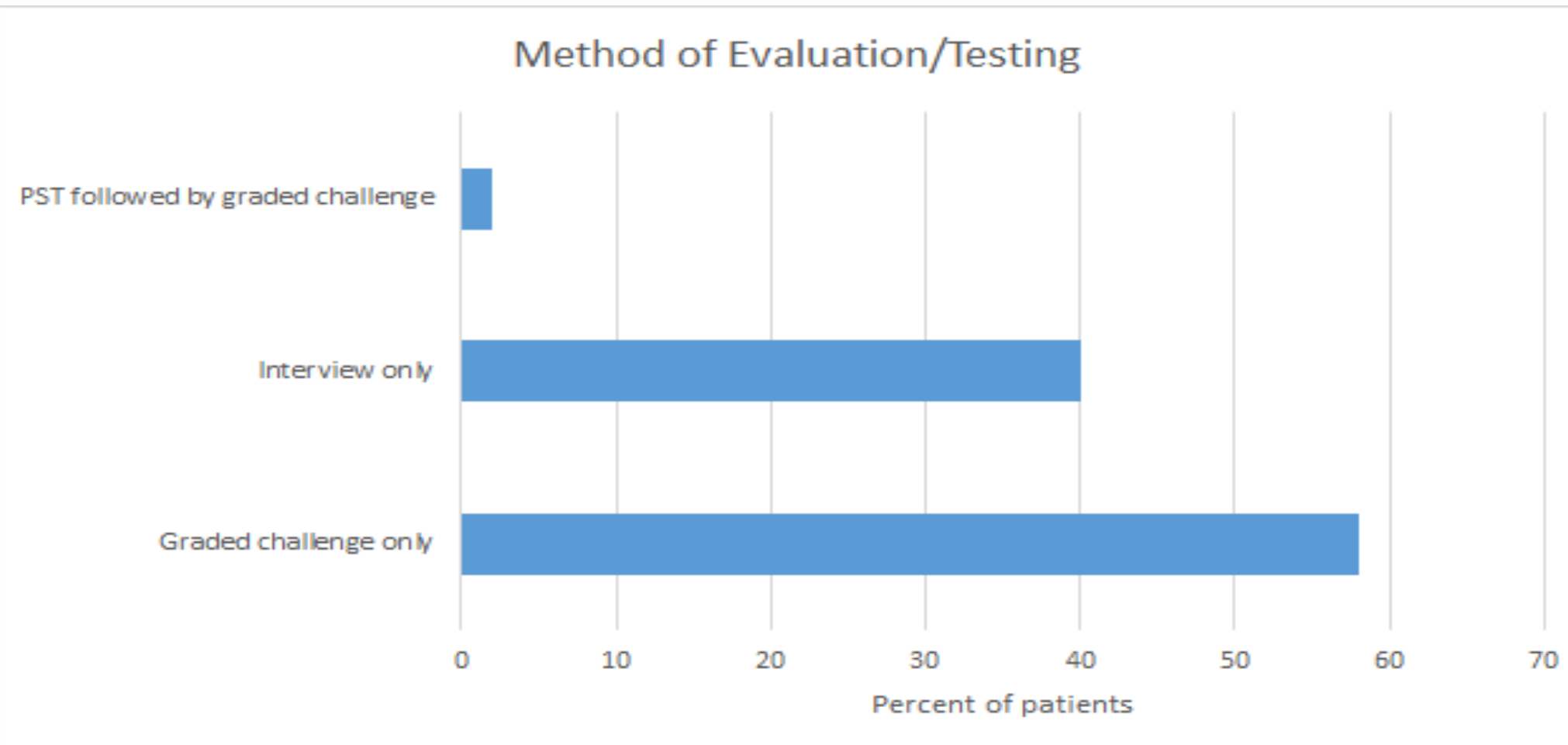
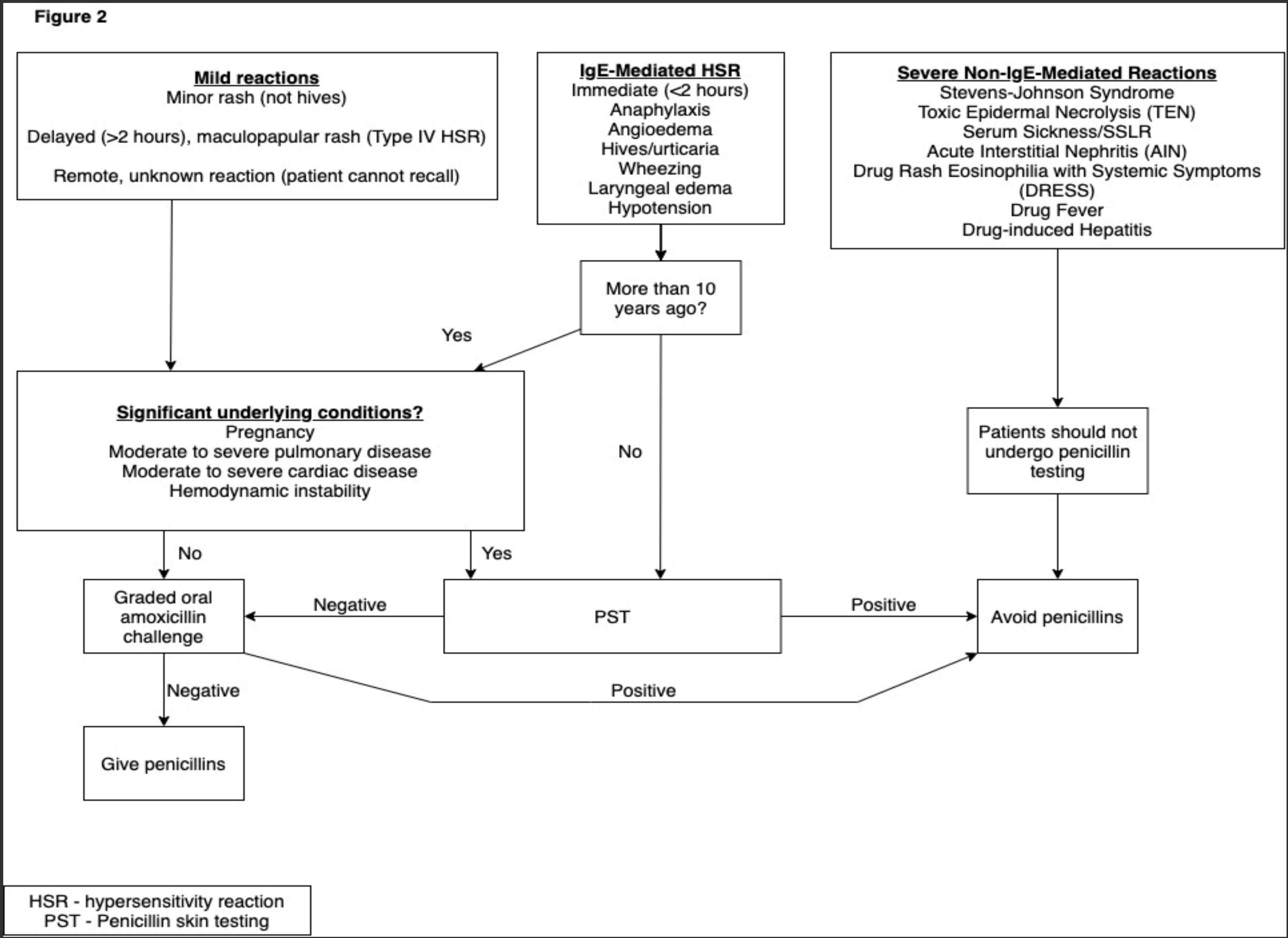
RESULTS

- Fifty patients were evaluated
- Ninety-six percent of patients were delabeled
- Antibiotic therapy changed for 54% of patients
- Twenty patients were delabeled with an interview alone and 30 patients underwent oral graded challenge. Only one patient required PST.

DISCUSSION

- A pharmacist-driven penicillin allergy evaluation program focused on direct oral-graded challenges and bypassing PST can safely and effectively delabel admitted patients
- Hospital systems should consider implementing similar programs to optimize antibiotic treatment

A pharmacist-driven penicillin allergy evaluation program focused on direct oral challenges can safely delabel most patients.



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