

## PROTOCOL FOR AMOXICILLIN TRIAL IN VILLAGE, SRC, ER, URGENT CARE

1. Evaluate the patient's history and medical record to determine if there was a serious allergic reaction in the past. For detailed information on how to evaluate a patient's risk for an Amoxicillin trial please refer to:

### EVALUATING POSSIBLE TRUE AMOXICILLIN ALLERGY & POTENTIAL FOR TRIAL

The majority of amoxicillin allergy labels are a result of a patient or a parent reporting a history of a rash when taking Amoxicillin. These rashes are usually either a delayed hypersensitivity reaction or a coincidental viral exanthem. These rashes should not prevent a patient from taking Amoxicillin for future infections.

If the patient does have evidence of a significant type 1 allergic reaction to penicillins-- keep the allergy banner and add a note in the allergy comments section documenting the information you obtained that support this.

2. If patient does not have any evidence of having had a prior type 1 allergic response to Amoxicillin, Augmentin or Penicillin ie no history or documentation of true hives, lip swelling or difficulty breathing while taking any of these medications **THEN**
3. Start Amoxicillin by weight (OR may give a single dose of Amoxicillin if a course is not needed at the time trial is done). NOTE: If in Bethel...alert the pharmacist about what you are doing and why or you will get a friendly phone call from them 😊
4. The first dose should be given in the village clinic, Bethel clinic, Urgent Care or ER with Epi-Pen/Epinephrine available close by. Patient will be observed for an hour after dose of medication given with vitals taken every 20 minutes.
5. If there are no problems with the first dose, then the patient can go home and continue the medicine as prescribed.
6. Give the family the 'Amoxicillin Rash' patient education handout located in RAVEN.
7. Modify or Remove the Amoxicillin Allergy Banner and add comment to the allergy field to document successful or unsuccessful trial. **See How to Remove or Modify an Allergy Alert below**
8. If a rash or any concerns come up later, after starting amoxicillin, patients should return for further evaluation. Village patients with a possible amoxicillin rash/reaction should be presented to RMT with a telemed picture.

### NOTE:

- a) Before labeling a pediatric patient with an amoxicillin allergy, please obtain a pediatric consult. Do not stop Amoxicillin or label a patient amoxicillin allergic unless they have a true type 1 allergic response.
- b) Any patient with a suspected type 1 allergy to penicillins should be referred to Allergy and Immunology in Anchorage for formal allergy testing after 5 years of age (this is only done for PCNs) and an Allergy Banner should be placed with a note as to why this patient is suspected of having a true allergy.
- c) Please try not to send a cephalosporin out to the village unless there is strong evidence of a prior type 1 allergic reaction to a penicillin. Consider an amoxicillin challenge in the village or in Bethel or watchful waiting. Do not send out alternative antibiotic that are not indicated by our guidelines.

## EVALUATING POSSIBLE TRUE AMOXICILLIN ALLERGY & POTENTIAL FOR TRIAL

### Is it Really an Amoxicillin Allergy and Can We do a Trial?

#### STEP 1. Get More Information:

What type of reaction did the patient have?

1. Vomiting and/or diarrhea?

2. Rash?

- At what age did the rash occur?
- Did the rash start shortly after taking the medicine or a number of days later?
- Are there any pictures or documentation of what the rash looked like?
- Did the rash look like **HIVES** that are raised, itchy, bigger than dime size and move around the body and change shape and size?



- Was the rash a fine red rash on the body that looked like this? *Viral Exanthem*



- Did the rash go away 12-24 hours after the medicine was discontinued or did it persist?

3. Was there swelling of the lips and/or trouble breathing?
4. Has the patient received any documented treatment with Penicillin, Amoxicillin or Augmentin since they had the first reaction?

**Step 2. Decide whether the patient's reaction was a true allergy**

-Hives or swelling of the face, lips, tongue and throat or difficulty breathing **ARE signs of an allergic reaction.** Acute onset of crampy abdominal pain and vomiting after taking the medication may also be a sign of a true allergic reaction due to angio-edema of the GI tract. If the rash is intensely pruritic and hive like it is possibly an IGE mediated allergic response.

-True allergic IGE mediated responses are immediate ie occur within a few minutes to a few hours after the 1st or 2<sup>nd</sup> dose of medicine and will resolve in 12-24 hours after stopping the medicine (ie rash does not persist after discontinuation of medication).

-Diarrhea is a **side effect** of a medication. **This is NOT an allergy.**

-A fine red rash on the body (especially in patients under a year of age) is usually a rash associated with a virus that often appears when a patient is given amoxicillin. Mild, delayed hypersensitivity rashes with Amoxicillin usually occur 3-7 days after starting amoxicillin and may last up to a week or two even if the medicine is stopped. This is a delayed sensitivity reaction. **This is NOT an allergy.**

**STEP 3. Now what?**

If a patient had a red rash on the body when they were little, but no one remembers or has documented that the patient had true hives (see picture and description above) and there is no history of swelling or difficulty breathing, then consider giving a trial of amoxicillin again.

If a patient had hives and/or lip swelling and trouble breathing or any serious concerns for an allergic reaction, then it is important to wait and have an allergist test the patient in Anchorage after they are five years of age.

**Options for doing a trial of Amoxicillin**

If it is unlikely that a patient had a true allergic response in the past, the patient can be offered a trial of Amoxicillin if the caregiver, CHA and/or provider are comfortable with this option. The trials can be done in the village clinics or in Bethel in clinic, ER or urgent care.

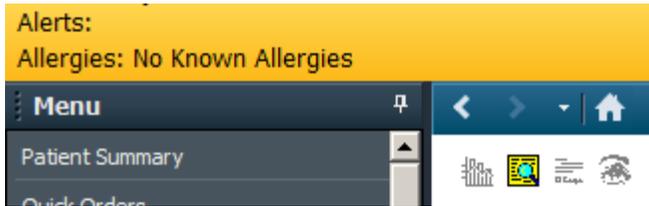
For details on how to do a trial of Amoxicillin see:

PROTOCOL FOR AMOXICILLIN TRIAL IN VILLAGE, SRC, ER, URGENT CARE & INPATIENT UNIT

# MORE RESOURCES

## How to Remove or Modify an Allergy Alert

Go to Allergy Alerts and click on it



Double click on Allergy

Go to Allergy Details

Go to Status and change to canceled

Change Reason to OK on Retrial or ....

Add a comment describing that the patient had a trial of Amoxicillin without a reaction

Click Apply

A screenshot of the "Allergy Details" form in a medical system. The form is divided into several sections:

- 1. Substance (required):** Includes a search bar with "amoxicillin" entered, a "Free text" checkbox, and a "Category" dropdown set to "Drug".
- 2. Reaction type:** A dropdown menu set to "Allergy" with a description: "An adverse reaction to a drug or substance which is due to an i".
- 3. Reaction symptoms:** Includes an "Add Free Text" button and a text area.
- 4. Allergy details:** Contains fields for "Status" (set to "Canceled"), "Reason" (set to "OK on Retrial"), "Severity" (set to "Moderate"), "Info source" (set to "<not entered>"), and "Onset" (set to "<not entered>"). There is also a "Mark As Reviewed" checkbox and a "Recorded on behalf of:" field.
- 5. Comments:** Includes an "Add Comment" button and a text area with the comment: "9/10/2013 10:26 AM AKDT - hives". There are radio buttons for "Chronological" and "Reverse chronological" sorting.

Make sure the Allergy has been changed to 'No Known Allergy' and Display says Active

Refresh Chart and make sure the Amoxicillin banner has been removed from chart.

Task Allergy

Mark All as Reviewed Display: Active

D.	Substance	Category	Reactions	Seve...	Type	C.	Est. Onset	Reaction S...	Updated By	Source	Reviewed	I..
	No Known Alle...	Drug			Allergy			Active	9/10/2013...		1/4/2014 ...	

## RMT Auto text example for Amoxicillin trial in the village

### ASSESSMENT:

*Patient does not have any evidence of an allergy to amoxicillin.*

*There is no history or documentation of true hives, lip swelling or difficulty breathing while taking amoxicillin.*

### PLAN:

*Recommend starting Amoxicillin per orders by weight today.*

*The first dose should be given in the clinic*

*Patient will stay in clinic for an hour afterwards for observation in waiting room with vitals obtained every 20 minutes.*

*If there are no problems with the first dose, then the patient can go home and continue medicine as prescribed. If a rash or any concerns come up, the patient should be brought back to clinic and a telemed picture and RMT should be sent in if rash occurs.*

*Let families know that rashes with amoxicillin are common in infants with a viral infection, especially when they are less than 1 year of age.*

Consider sending the Amoxicillin Allergy Education Sheet for them to read and to give to the family. You can create an auto text for the sheet or tell the CHA where to look in the patient education section.

## Amoxicillin Allergy Patient Education Sheet in RAVEN

(Type in Amox/contains/all...This is a good handout for reassurance for families about amoxicillin rashes)

### Amoxicillin Rash

#### What is an antibiotic rash?

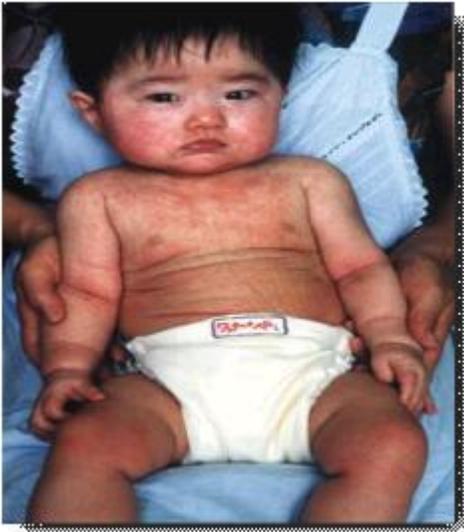
An Amoxicillin or Augmentin rash is a non-allergic rash that can occur when a child is taking one of these medicines. The rash usually appears on the 5th day after the child starts taking the medicine, but may appear earlier than or as late as the 16th day.

Symptoms of the rash include:

- pink or red spots
- small, flat, non itchy spots
- always on the main body (trunk)
- may spread to the face, arms and legs.

**What is the cause?**

5% to 10% of children taking Amoxicillin or Augmentin get a skin rash. This is a harmless rash and does not mean that your child has an allergy to Amoxicillin or other Penicillin drugs. An allergic reaction would cause hives or more severe symptoms than a rash. Often it is caused by a viral infection such as Roseola.



Viral Rash



Hives

**How long does it last?**

The rash usually lasts 3 days, with a range of 1 to 6 days.

**How is it treated?**

No treatment is necessary. Keep your child on the Amoxicillin or Augmentin until the medicine is gone. The rash will disappear just as quickly whether or not your child continues the medication. Your child can take Amoxicillin or Augmentin in the future when necessary. **When should I call my child's healthcare provider?**

- The rash changes to hives.
- The rash becomes itchy.
- The rash becomes worse or lasts more than 6 days.
- You have other concerns or questions
- Your child is more ill appearing.

**'Stamping Out Amoxicillin Allergy'**

Grand Rounds Power Point located in the WIKI>Patient Care Reference Section (near bottom on the left side bar)>Presentations