Drug Allergy

Refer patients with drug allergy **only** if clinically relevant and where testing will alter treatment (or identify safe alternatives) as in following situations:

- Anaphylaxis or another suspected allergic reaction during or immediately after general anaesthesia
- Suspected local anaesthetic allergy where a procedure involving local anaesthetic is needed
- NSAID reactions involving urticaria, angioedema, or asthma
- Beta lactam allergy in
  - Patients with a label of 'multiple antibiotic allergy'
  - Patients with a history of immediate or non-immediate reaction to penicillin/s and/or cephalosporin/s with **a requirement for frequent antibiotics**, for example patients with bronchiectasis, CF, diabetes, primary and secondary immunodeficiencies or with asplenia/hyposplenism.
  - Patients with a history of immediate or nonimmediate reaction to penicillin/s and/or cephalosporin/s requiring specific treatment with a beta-lactam.
  - Syphilis in pregnancy with penicillin allergy (for consideration of desensitization)

  - There is diagnostic uncertainty or multiple drugs were involved (especially where the reaction is systemic)

Exclusions:

Drug testing for severe life-threatening reactions such as Steven-Johnson Syndrome (SJS) or Toxic Epidermal Necrolysis (TEN) or DRESS (Drug Rash, Eosinophilia, Systemic Symptoms) are NOT recommended, and would recommend asking for Advice & Guidance on ERS in the first instance. Acceptance for further testing will be decided on a case-to-case basis.

For more information see:

- NICE Guidance on Drug Allergy: https://www.nice.org.uk/guidance/cg183
- R. Mirakian et al. BSACI guidelines for the management of drug allergy. Clin Exp Allergy 2009 (39) 43–61.
- R. Mirakian et al. Management of allergy to penicillins and other beta-lactams. Clin Exp Allergy 2015 (45) 300–327.