



Oral Penicillin Challenge – Initial management of patients experiencing allergic symptoms

Patients undergoing oral penicillin challenge should be managed by appropriately trained staff with immediate access to full resuscitation facilities including advanced life support equipment and drugs.

Patients experiencing mild to moderate allergic symptoms (e.g. itch, urticaria, sneezing or rhinitis) following an oral challenge should have their vital signs (heart rate, blood pressure, oxygen saturation and respiratory rate) monitored as part of an approach.

Airway
Breathing
Circulation
Disability
Exposure

If symptoms remain stable and non life-threatening consider:

Oral antihistamines (e.g. 4mg chlorphenamine)
Inhaled bronchodilators (e.g. 2 puffs salbutamol)
Oral steroids (e.g. 30mg prednisolone)

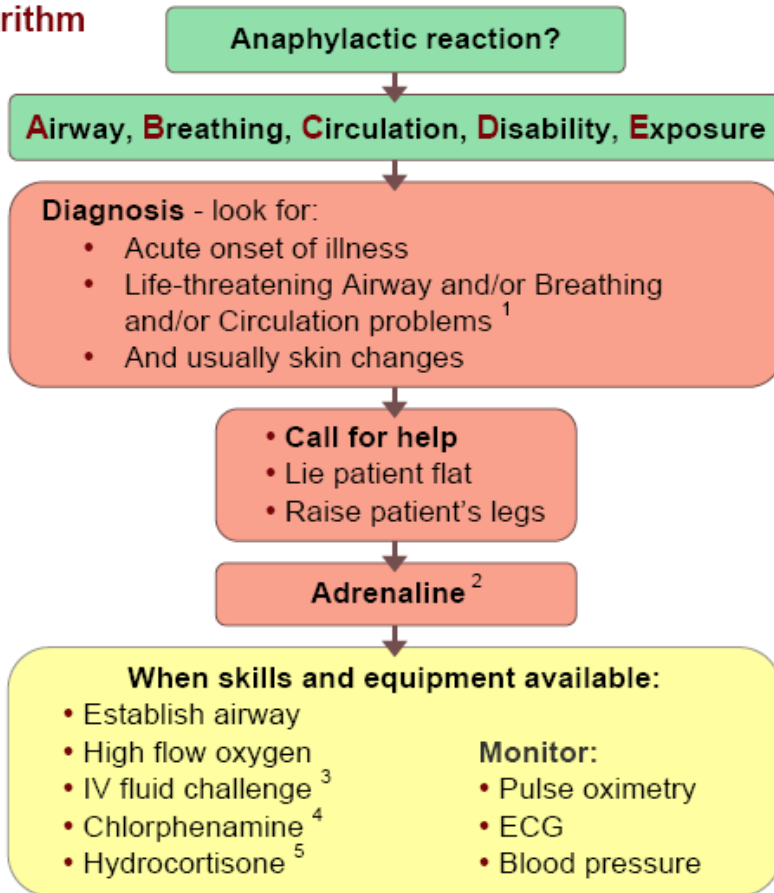
Patients should be monitored closely and reassessed regularly. If symptoms do not improve, or the clinical picture deteriorates, call for senior medical assistance. Supplementary oxygen via should be given via a face mask and intravenous access obtained.

Signs and symptoms of a severe allergic or anaphylactic reaction include:

Respiratory compromise (e.g. shortness of breath, wheeze or stridor)
Loss of consciousness
Hypotension
Collapse
Worsening skin reaction changes (e.g. widespread rash, hives or itch)

If anaphylaxis is suspected treat according to Resuscitation Council (UK) guidelines below

Anaphylaxis algorithm



1 Life-threatening problems:

Airway: swelling, hoarseness, stridor
Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO₂ < 92%, confusion
Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

2 Adrenaline (give IM unless experienced with IV adrenaline) IM doses of 1:1000 adrenaline (repeat after 5 min if no better)

- Adult 500 micrograms IM (0.5 mL)
- Child more than 12 years: 500 micrograms IM (0.5 mL)
- Child 6 -12 years: 300 micrograms IM (0.3 mL)
- Child less than 6 years: 150 micrograms IM (0.15 mL)

Adrenaline IV to be given **only by experienced specialists**
 Titrate: Adults 50 micrograms; Children 1 microgram/kg

3 IV fluid challenge:

Adult - 500 – 1000 mL
 Child - crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

4 Chlorphenamine (IM or slow IV)

Adult or child more than 12 years	10 mg
Child 6 - 12 years	5 mg
Child 6 months to 6 years	2.5 mg
Child less than 6 months	250 micrograms/kg

5 Hydrocortisone (IM or slow IV)

Adult or child more than 12 years	200 mg
Child 6 - 12 years	100 mg
Child 6 months to 6 years	50 mg
Child less than 6 months	25 mg