

The de-labeling of penicillin allergies based on patient self-reporting in the community after negative inpatient penicillin skin tests (PST).

S. Kremenchugsky, T. Marxen, M. Iharada, J. Varghese. The Valley Hospital, Ridgewood, New Jersey

OBJECTIVE:

About 10% of U.S. patients will report a penicillin allergy; however only 1% are found to be truly penicillin allergic. Penicillin Skin Test (PST) can rule out IgE mediated reactions to penicillin. Ruling out penicillin allergies can decrease the use of broad- spectrum antibiotics and allow patients to avoid the adverse reactions of alternate antibiotics. However, a report stated that over 50% of patients remained labeled as penicillin allergic in the health system EMR despite a negative PST and uneventful oral challenge. Currently, the allergist provides the patient with a card that states the patient had a PST and includes the test results. If the patient has a negative PST result, they are asked to self-report. The purpose of this study is to evaluate the effectiveness of patient driven self-reporting of penicillin allergies on the de-labeling of penicillin allergies in the community following a negative penicillin skin test (PST) performed in the hospital.

METHODS:

All patients with a negative PST will be reviewed. Patients who have expired or were discharged to a long-term care facility will be excluded. Once patients are identified, investigators will proceed in conducting a phone survey to the patient's pharmacy and Primary Care Provider (PCP). Investigators will collect information including the patient's allergy history on file, the title of who was surveyed and the date of last appointment or date of last visit to pharmacy. PCP and Pharmacy phone numbers will be identified using the EMR. All calls will take place at least 2 weeks after the patient's date of discharged. Data will be recorded using the survey excel spreadsheet.

RESULTS: The outpatient penicillin allergy histories will be analyzed and the findings will be presented.

CONCLUSION: It is anticipated that this study will reveal a discrepancy between the allergies documented in the ambulatory care settings and the patients updated allergies as a result of the negative PST.