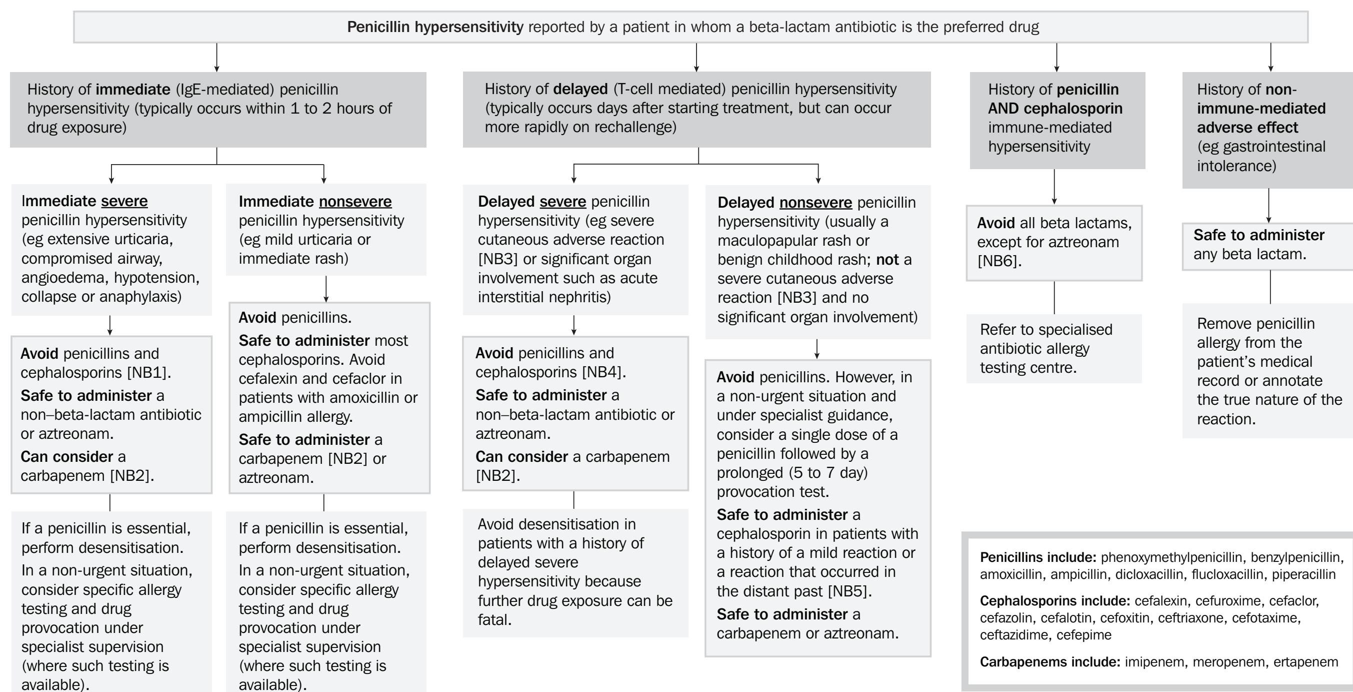
Fig. 3 **Suggested management of patients reporting hypersensitivity to penicillins in whom a beta-lactam antibiotic is the preferred drug**



NB1: In a critical situation, a cephalosporin can be considered in this group after undertaking a risk–benefit analysis and assessment of potential side-chain cross-reactivity. Seek expert advice.

NB2: In patients with penicillin hypersensitivity, the rate of immune-mediated cross-reactivity with carbapenems is approximately 1%; therefore, carbapenems can be considered in supervised settings. However, in patients with a history of a severe cutaneous adverse reaction (eg drug rash with eosinophilia and systemic symptoms [DRESS], Stevens–Johnson syndrome / toxic epidermal necrolysis [SJS/TEN], acute generalised exanthematous pustulosis [AGEP]), consider a carbapenem only in a critical situation when there are limited treatment options.

NB3: For example DRESS, SJS/TEN, AGEP.

NB4: There is limited evidence on the safety of cephalosporins in patients with a history of penicillin-associated acute interstitial nephritis (AIN). In a critical situation, directed therapy with a cephalosporin can be considered.

NB5: In patients who have had a **recent** reaction, consider avoiding cephalosporins with the same or similar R1 side-chain as the implicated penicillin.

NB6: However, avoid aztreonam in patients hypersensitive to ceftazidime; these drugs have the same R1 side-chain, so there is a risk of cross-reactivity.

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