Figure 3. Algorithm to identify paediatric patients at low risk for penicillin allergy

**Possible penicillin allergy**

**Acute symptoms**
- **Onset**: 2 h or less after most recent dose was administered
- **One or more symptoms of**:  
  - Urticaria, angioedema  
  - Wheeze, dyspnea, throat tightness/swelling, voice change  
  - Dizziness, syncope, hypotension  
  - Vomiting/diarrhea
- **Duration of symptoms**: Less than 24 h after discontinuing antibiotic

**Delayed symptoms**
- **Symptoms**:
  - Macular rash OR  
  - Maculopapular rash OR  
  - Urticaria
- **Onset**: After 1st day of therapy or Over 2 h after most recent dose
- **Duration of symptoms**: Longer than 24 h

**Symptoms of severe systemic or cutaneous adverse drug reaction?**
- Mucous membrane involvement  
- Skin desquamation  
- Arthritis/arthralgia  
- Lymphadenopathy  
- Ongoing, unexplained fever  
- Evidence of kidney or liver involvement

**Based on review of clinical history and/or medical record**

**Has same antibiotic been taken again without reaction?**
- **YES**
- **NO**

**Previously assessed by allergist and diagnosed with allergy?**
- **YES**
- **NO**

**Possible penicillin allergy**:
Avoid re-exposure and refer to allergist for further assessment

**Low risk for penicillin allergy**:
May prescribe again or consider supervised test dose

**Allergic**:
Refer to allergist for reassessment 5 years from diagnosis

**Not allergic to penicillin**:
May prescribe again