

Removing false beta-lactam allergy warnings. Role of the clinical pharmacist in collaboration with the Allergology service

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What was done?

Beta-lactam antibiotics are the most commonly used group of antimicrobial drugs but are also the ones with the most significant induction of allergic reactions. However, it is known that many of these patients do not present reactions upon rechallenge or have false allergy warnings in the medical records.

Why was it done?

To assess the impact of a pharmacist-driven program for active beta-lactam allergy warning removal in adults in collaboration with the Allergology service.

How was it done?

Adults with active beta-lactam allergy warnings among outpatients aged 35 to 45 over 26 months

Hospital and primary care setting



Electronic medical records (EMR)



Personal interviews or by telephone.

Data:

- ❖ Year of allergy registration
- ❖ Type of reaction described
- ❖ Tolerance of beta-lactam antibiotics
- ❖ Existence of Allergology reports

The pharmacist, previously trained by the Allergology service, could proceed:

- to remove or confirm the allergy label, if applicable
- refer the patient to the Allergology service for allergic tests

What was achieved?

1178 cases with active beta-lactam allergy warnings

- ✓ The most frequently implicated beta-lactam drug was amoxicillin, with 170/1178 (14.4%) cases
- ✓ 111/1178 (9.4%) of cases had an allergic reaction in childhood
- ✓ 714/1178 cases (60.6%) EMR did not describe the symptomatology or treatment that justifies the allergy

Removed allergic warnings in 93/1178 (7.9%) cases:

- Tolerated antibiotics after the allergic reaction
- No symptoms compatible with an allergic reaction

Confirmed allergic warnings in 43/1178 (3.65%) cases:

- Symptomatology
- Information recorded in the Allergology reports

1142 cases were referred for beta-lactam allergic tests performance in the allergology service, of which 47% yielded a negative result

What is next?

The pharmacist is qualified to remove the warning in cases with a doubtful allergy to beta-lactam antibiotics after a thorough medical record review and informed consent. Moreover, the pharmacist can provide valuable information that allows the classification of warnings according to the detected risk and facilitates subsequent decision-making by the allergist.

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