

Penicillin allergy can be delabeled by nonallergy providers

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Direct oral penicillin challenges (DPCs) can be delivered to patients with penicillin allergy labels (PALs) by nonallergy health care professionals (HCPs), according to a study published in the March issue of the *Journal of Infection*.

Mamidipudi Thirumala Krishna, M.B.B.S., Ph.D., from the University Hospitals Birmingham NHS Foundation Trust in the United Kingdom, and colleagues examined the feasibility of nonallergy HCPs delivering direct oral DPCs for [penicillin allergy](#) delabeling in a prospective observational study conducted in three hospitals across three settings (acute medical, presurgical, and hematology-oncology). After screening, patients with a PAL were stratified as low risk/high risk, and those classified as low risk underwent a DPC.

Overall, 1,054 of the 2,257 PALs who were screened were eligible. A total of 270 participants consented, and 259 were risk-stratified (155 low risk; 104 high risk). The researchers found that 126 low-risk patients underwent DPC; 96.8 percent were delabeled with no serious allergic reactions. In acute and elective settings, the conversion rate from screening to [consent](#) was 12 and 17.9 percent, respectively, with odds ratios for consent of 3.42 and 5.53 in hematology-oncology and presurgical settings, respectively. Difficulty in reaching patients, clinical instability/medical reasons, lacking capacity to consent, and [psychological factors](#) were common reasons for failure to progress in the study.

"Our findings suggest a multipronged approach is needed in the U.K. National Health Service to maximize uptake of DPC," the authors write.

Several authors disclosed ties to relevant organizations.

More information: Mamidipudi Thirumala Krishna et al, A multicentre observational study to investigate feasibility of a direct oral penicillin challenge in de-labelling 'low risk' patients with penicillin allergy by non-allergy healthcare professionals (SPACE study): Implications for healthcare systems, *Journal of Infection* (2024). [DOI: 10.1016/j.jinf.2024.01.015](https://doi.org/10.1016/j.jinf.2024.01.015)

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