

Antibiotics and Penicillin Allergy

*SEVERE PENICILLIN ALLERGY:

Normally within 1 hour (up to 12 hours)

Anaphylaxis
Angioedema
Urticular rash/pruritus
Wheezing/stridor

**NON-SEVERE PENICILLIN ALLERGY:

Normally after 24 hours

Maculopapular/morbilliform rash
Serum sickness (fever, rash, arthralgia,
glomerulonephritis)

CONTRA-INDICATED

Avoid in severe*
and non-severe**
penicillin allergy

Amoxicillin

Co-amoxiclav (Augmentin®) = Amoxicillin + Clavulanic acid

Flucloxacillin

Penicillin G (Benzylpenicillin)

Penicillin V (Phenoxyethylpenicillin)

Piperacillin + Tazobactam (Tazocin®)

Pivmecillinam

Temocillin

Ticarcillin + Tazobactam (Timentin®)

CAUTION

Avoid in severe*
penicillin allergy

All cephalosporins including:

Cefalexin

Cefixime

Cefotaxime

Ceftazidime

Ceftriaxone

Cefuroxime

Ceftazidime/avibactam

Ceftolozane/tazobactam

Ceftaroline

All carbapenems including:

Ertapenem

Imipenem + Cilastatin

Meropenem

Other beta-lactams:

Aztreonam (may be used with caution in severe penicillin allergy – discuss with microbiology)

CONSIDERED SAFE

Amikacin

Azithromycin

Chloramphenicol

Ciprofloxacin

Clarithromycin

Clindamycin

Colistin

Co-Trimoxazole

Dalbavancin

Daptomycin

Doxycycline

Erythromycin

Fidaxomicin

Fosfomycin

Gentamicin

Levofloxacin

Linezolid

Metronidazole

Moxifloxacin

Nitrofurantoin

Norfloxacin

Ofloxacin

Oxytetracycline

Rifampicin

Sodium Fusidate

Teicoplanin

Tetracycline

Tigecycline

Trimethoprim

Tobramycin

Vancomycin

Individuals with a severe* allergy to penicillin **SHOULD NOT** receive a penicillin, cephalosporin or another beta-lactam antibiotic. Individuals with a non-severe** penicillin allergy **SHOULD NOT** receive a penicillin but cephalosporins, carbapenems and other beta-lactams can be used for these patients with caution as the risk of cross sensitivity is low.