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| **Patient Information** | | |
| Age: \_\_\_\_\_\_\_\_  Gender: ☐ 1 – Male ☐ 2 – Female | Diagnosis:  ☐ 1 – Pneumonia ☐ 2 – Intra-abdominal ☐ 3 – UTI | |
| **Beta-Lactam Allergy & Severity** | | |
| Documented Allergy To:  Penicillin: ☐ 0 – No ☐ 1 – Yes  Cephalosporin: ☐ 0 – No ☐ 1 – Yes  Both Penicillin and Cephalosporin: ☐ 0 – No ☐ 1 – Yes | | SEVERE:  ☐ 0 – Anaphylaxis  ☐ 1 – Swelling – Mouth/Lips/Tongue/Throat  ☐ 2 – Difficulty breathing/Shortness of Breath  MODERATE:  ☐ 0 – Hives/Urticaria  ☐ 1 – Swelling – unspecified  ☐ 2 – Swelling – Other  Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UNKNOWN:  ☐ 0 – No reaction documented  ☐ 1 – Documented as “Unknown” |

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| **Empiric Antibiotic Therapy Administered in the Emergency Department** | |
| Beta-Lactam Given: ☐ 0 – No ☐ 1 – Yes  ☐ 0 – Ampicillin/Sulbactam  ☐ 1 – Piperacillin/Tazobactam  ☐ 2 – Cefazolin  ☐ 3 – Cefoxitin  ☐ 4 – Ceftriaxone  ☐ 5 – Cefepime  ☐ 6 – Carbapenem | Non-Beta-Lactam Given:  ☐ 1 – Vancomycin  ☐ 2 – Aztreonam  ☐ 3 – Ciprofloxacin  ☐ 4 – Levofloxacin  ☐ 5 – Combination of alternatives |

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| **Allergy Challenge** | |
| Beta-Lactam Allergy Challenged in the ED and Continued Inpatient:  ☐ 0 – No ☐ 1 – Yes ☐ 2 – N/A, Antibiotics Not Continued Inpatient | |
| Allergic Response or Adverse Drug Reaction Requiring a Change in Therapy: ☐ 0 – No ☐ 1 – Yes  If Yes, Location of Where Reaction Occurred: ☐ 1 – ED ☐ 2 – Inpatient  Number of Doses Received Prior to Reaction: \_\_\_\_\_\_\_ | |
| Allergic Response:  ☐ 0 – No ☐ 1 – Yes  Reaction:  ☐ 1 – Rash  ☐ 2 – Itching  ☐ 3 – Hives  ☐ 4 – Difficulty Breathing  ☐ 5 – Anaphylaxis | Adverse Drug Reaction:  ☐ 0 – No ☐ 1 – Yes  Reaction:  ☐ 1 – GI Intolerance  ☐ 2 – Phlebitis  ☐ 3 – Dizziness  ☐ 4 – Headache  ☐ 5 – Psychologic (altered mental status, confusion, anxiety, etc.)  ☐ 6 – Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Allergic reaction to beta-lactam at any point during hospitalization *after* the initial reaction:  ☐ 0 – No ☐ 1 – Yes – If yes, to which agent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Beta-Lactam Challenge Documented/Updated in Allergy Profile:☐ 0 – No ☐ 1 – Yes | |