

Clinical situation	Possible course of action
A clear history of an immediate (IgE-mediated) reaction to penicillin*	1. Do not administer penicillin, a cephalosporin or a carbapenem. 2. Reconsider clinical necessity for antibiotic therapy.
OR	3. If treatment is definitely required, administer an alternative antibiotic. If a penicillin is definitely preferred, undertake desensitisation.
A vague history of an immediate (IgE-mediated) reaction to penicillin and an urgent situation*	
A vague history of an immediate (IgE-mediated reaction) to penicillin and a nonurgent situation*	1. Do not administer penicillin, a cephalosporin or a carbapenem. 2. Reconsider clinical necessity for antibiotic therapy. 3. If treatment is definitely required, administer an alternative antibiotic. If a penicillin is definitely preferred, undertake a desensitisation program or graded challenge under the supervision of an immunologist.
A clear history of a nonimmediate reaction to penicillin (not drug rash with eosinophilia and systemic symptoms [DRESS], Stevens-Johnson syndrome or variants)	1. Reconsider clinical necessity for antibiotic therapy. 2. If treatment is definitely required, administer an alternative nonpenicillin antibiotic (eg cephalosporin, carbapenem, aztreonam or non-beta-lactam antibiotic). If a penicillin is definitely preferred, undertake a desensitisation program.
A vague history of a nonimmediate reaction to penicillin (not DRESS, Stevens-Johnson syndrome or variants)	1. Reconsider clinical necessity for antibiotic therapy. 2. If treatment is definitely required, administer an alternative nonpenicillin antibiotic (eg cephalosporin, carbapenem, aztreonam or non-beta-lactam antibiotic). If a penicillin is definitely preferred, administer with care.
A clear or vague history of DRESS, Stevens-Johnson syndrome or variants	1. Do not administer penicillin, a cephalosporin or a carbapenem. 2. Reconsider clinical necessity for antibiotic therapy. 3. If treatment is definitely required, administer an alternative antibiotic.

* An immediate (IgE-mediated) reaction is characterised by the development of urticaria, angioedema, bronchospasm or anaphylaxis within one to two hours of drug administration.