



The Long-term Impact of a Pharmacist-Led Antimicrobial Stewardship Penicillin Allergy Delabeling Ward Round



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Rationale and Aim

Inpatient penicillin allergy is associated with negative patient, microbiological and health service outcomes (1).

We reviewed the long-term safety and antimicrobial stewardship (AMS) impacts of a pharmacist-led penicillin allergy delabeling ward round that has been embedded within an AMS service for more than three years.

Methods

Adult inpatients with a penicillin allergy were evaluated during a pharmacist-led AMS allergy ward round at Austin Health.

Using the validated Antibiotic Allergy Assessment Tool (2) and PEN-FAST clinical decision rule (3), patients with a low-risk penicillin allergy or PEN-FAST score < 3, were offered a single-dose direct oral challenge (DOC).

Inpatient antimicrobial prescribing was reviewed pre-allergy assessment, post-delabeling, and three months post-discharge.

A pharmacist-led inpatient penicillin allergy delabeling ward round is safe and improves antimicrobial prescribing during inpatient admission and following discharge.

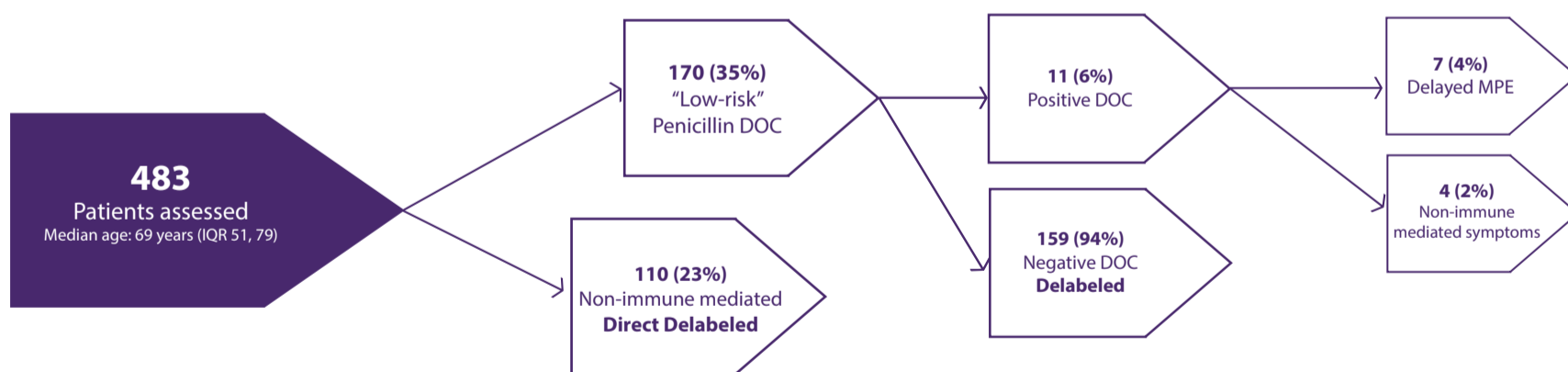
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Results



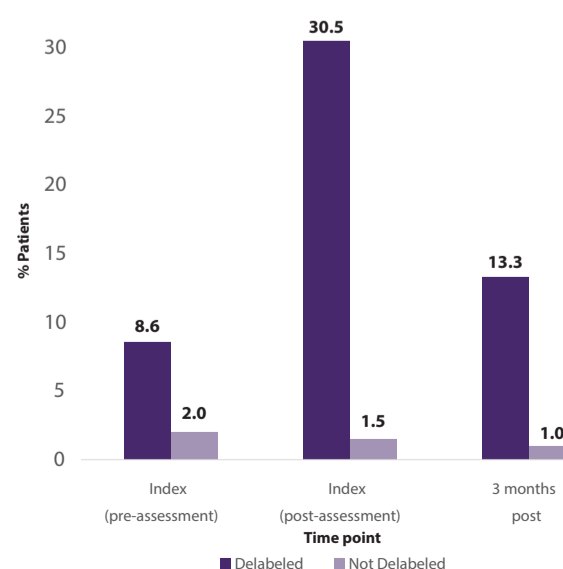
Antibiotic use post-assessment and three months post-discharge³

	Index admission (post-assessment)			
	Delabeled	non-Delabeled	OR (95% CI)	p-value
Any penicillin	85 (30.5%)	3 (1.5%)	26.87 (8.31, 86.87)	< 0.001
Restricted antibiotics	38 (13.6%)	36 (17.6%)	0.49 (0.28, 0.85)	0.012
	Three months post-discharge			
	Delabeled	non-Delabeled	OR (95% CI)	p-value
Any penicillin	37 (13.3%)	2 (1.0%)	15.14 (3.59, 63.74)	< 0.001
Restricted antibiotics	26 (9.3%)	16 (7.8%)	1.09 (0.56, 2.12)	0.795

*adjusted for antibiotic prescribing pre-assessment

Restricted antibiotics: 3rd/4th generation cephalosporins, fluoroquinolones, glycopeptides, lincosamides, carbapenems

Penicillin Prescribing



Restricted Antibiotic Prescribing

