In severe penicillin allergy (e.g. anaphylaxis, bronchospasm, urticaria, angioedema), avoid ALL penicillins, cephalosporins and other beta-lactam antibiotics.

In non-severe penicillin allergy (e.g. mild rash) use cephalosporins and carbapenems with caution.

Some reactions (e.g. nausea) are not considered allergies and do not warrant prohibiting penicillin use.

Contraindicated
At all times where reasonable evidence of penicillin allergy exists.

- Ampicillin
- Amoxycillin
- Amoxycillin/clavulanic acid (e.g. Augmentin®)
- Benzathine penicillin
- Benzylpenicillin (e.g. penicillin G)
- Phenoxyethylpenicillin (e.g. penicillin V)
- Dicloxacillin
- Flucloxacillin
- Piperacillin/tazobactam (e.g. Tazocin®)
- Ticarcillin/clavulanic acid (e.g. Timentin®)

Caution
Avoid if severe penicillin allergy (e.g. anaphylaxis).
Use with caution if non-severe allergy (e.g. minor rash).
Seek specialist advice.

- Cefaclor
- Cefepime
- Cefotaxime
- Cefoxitin
- Ceftazidime
- Ceftriaxone
- Cefuroxime
- Cephalexin
- Cephazolin
- Doripenem, ertapenem, imipenem, meropenem

Considered Safe
In the absence of other contraindications.

- Aztreonam
- Azithromycin, erythromycin, roxithromycin, clarithromycin
- Ciprofloxacin, norfloxacin, moxifloxacin
- Clindamycin, lincomycin
- Doxycycline, minocycline, tigecycline
- Gentamicin, tobramycin, amikacin
- Linezolid
- Metronidazole
- Trimethoprim/sulfamethoxazole
- Vancomycin

- Record allergy alert in the patient health record allergy section.
- Record details of allergy incident including drug name, description of reaction, severity, date, and name of the person making the report.
- In hospitals contact ward pharmacist, infectious diseases or immunology consultant for any concerns/queries.
- Immunology consultation for formal testing and/or desensitisation may be indicated.