



## **Appendix**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Trubiano J, Pai Mangalore R, Bay Y-W, et al. Old but not forgotten: antibiotic allergies in General Medicine (the AGM Study). *Med J Aust* 2016; 204: 273. doi: 10.5694/mja15.01329.

AGM Study - Appendix 1

Complete following questionnaire regarding each antibiotic allergy "label"<sup>a</sup>

Symptoms	Yes, No, Unknown				
	Abx 1	Abx 2	Abx 3	Abx 4	Abx 5
Diffuse non-itch rash (nil other)					
Diffuse itchy rash (nil other)					
Rash with skin ulceration OR blisters					
Rash with wheals or hives					
Rash with mouth/genital ulceration OR inflammation in the eyes					
Rash with new fever and swollen glands/lymph nodes					
Angioedema: Swelling in any of face, lips, throat OR eyes					
Respiratory distress, wheezing or shortness of breath					
Anaphylaxis					
Sudden collapse, irregular heart rhythm (new) or low blood pressure (new)					
Nausea, vomiting, diarrhea					
Headache or dizziness					
Seizures/fits, depression or psychiatric symptoms					
Swelling (not face, lips or eyes)					
Major blood disorders (new), kidney or liver failure					
Required hospitalization					
Required ICU admission					
Required anti-histamine therapy For example: Phenergan, Zyrtec, Telfast					
Required adrenaline (IM or IV)					
Required steroid therapy (oral or IV)					
Unknown symptoms					
Were you referred to allergy specialist? 1. If Y, was skin prick /oral challenge(SPT/OC) performed? 2. If Y, did you have a + SPT/IDT? 3. If Y, did you have a + OC?					

<sup>a</sup>**Note:** Advise the patient that the following questions are restricted to describing an episode of adverse drug reaction only and NOT the symptoms they may experience daily or occasionally

**Abbreviations:** IM, intramuscular; IV, intravenous; SPT, skin prick testing; IDT, intradermal testing; OC, oral challenge

**Complete following section only if inclusion/exclusion criteria met**

**1. Have you had any other antibiotics since your reaction?**

Yes    No    Don't Know

Please list if known (antibiotic & if tolerated):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**2. Have you ever been given antibiotic(s) you are reported as allergic to?**

Yes                      No                      Don't Know

**3. Most patients labeled as allergic to antibiotics are in fact negative on allergy testing. Many patients with "allergy labels" only have side effects or mild reactions, which are not life threatening.**

**If you are identified on assessment as having a mild antibiotic allergy or antibiotic side effect history would you be willing to be given the same or similar antibiotic in a supervised environment to see if that antibiotic can be used in the future?**

Yes                      No                      Don't Know