

Allergy to Beta Lactam Evaluation (ABLE) Patient Questionnaire

Patient Last Name	First Name	Last 4	Location	Date		
Beta-lactam medication history						
In CPRS: Reports → Clinical Reports → Pharmacy → All Medications						
Name of beta-lactam:			Date received:			
Penicillins						
Cephalosporins						
Carbapenems						
Patient interview						
What medication are you allergic to?		Was it a pill or a shot?		Notes:		
How long ago did the reaction occur?		>10 years ago? Yes / No	About how old were you?	Notes:		
Describe the reaction				Notes:		
Did you have:	Nausea	Vomiting	Diarrhea	Other:		
Did you get a rash?	No	Yes				
		If yes, describe:				
		Was it:	Itchy	Bumpy	Red	Hives
		Did you have:	Skin peeling	Blisters	(If yes, indicative of Stevens Johnsons Syndrome)	
Did you have trouble breathing throat swelling?	No	Yes				
Did you have lip swelling (i.e., angioedema)?	No	Yes				
		If yes, describe:				
Were you hospitalized or receive medical treatment?	No	Yes				
		If yes, describe:			Notes:	

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Have you taken any of these medications since your reaction?	No	Yes	Not sure	If yes, describe what happened. Did you have a reaction?
Amoxicillin/ Augmentin	No	Yes	Not sure	
Cephalexin (Keflex)	No	Yes	Not sure	
Ceftriaxone (Rocephin)	No	Yes	Not sure	
Cefazolin (Ancef)	No	Yes	Not sure	
Cefuroxime (Ceftin)	No	Yes	Not sure	
Cefpodoxime (Vantin)	No	Yes	Not sure	
Cefdinir (Omnicef)	No	Yes	Not sure	
Cefixime (Suprax)	No	Yes	Not sure	

<p>Many people outgrow their penicillin allergies over time. Penicillin and their related antibiotics are often the best medications to treat lots of infections.</p> <p>If deemed appropriate, would you be interested in seeing if you still have this allergy? <i>(in a safe and non-invasive way?)</i></p>	No	Yes	<p>Notes:</p> <p>Ensure appropriate consult is placed. Name of consult: _____</p>
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