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Penicillin Allergy Reassessment for Treatment Improvement (PART I): A Dental Office Tool to Support Appropriate Penicillin Allergy Labeling

Ashlyn J. Kunz Coyne
University of Kentucky

Dana Holger
Nova Southeastern University

Erinne Kennedy
Kansas City University

Mackenzie Connell
University of Florida

Juliann Binienda
Wayne State University

See next page for additional authors

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Authors

Ashlyn J. Kunz Coyne, Dana Holger, Erinne Kennedy, Mackenzie Connell, Juliann Binienda, Christopher Giuliano, and Elaine Bailey

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1252. Penicillin Allergy Reassessment for Treatment Improvement (PARTI): A Dental Office Tool to Support Appropriate Penicillin Allergy Labeling
Ashlan J. Kunz Coyne, Pharm.D., MPH¹; Dana Holger, PharmD, MPH, AAHIVP²; Erinne Kennedy, DMD, MPH, MMSc³; Mackenzie Connell, MPH⁴; Juliann Binienda, PhD⁵; Christopher Giuliano, Pharm.D.⁶; Elaine Bailey, PharmD⁷; ¹University of Kentucky, Detroit, Michigan; ²Nova Southeastern University, Fort Lauderdale, Florida; ³Kansas City University, Joplin, Kansas; ⁴University of Florida, Gainesville, Florida; ⁵Wayne State University, Detroit, Michigan; ⁶Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences, Detroit, Michigan; ⁷Michigan Antibiotic Resistance Reduction (MARR) Coalition, Detroit, Michigan

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Background. Dentists routinely review patient allergy histories and prescribe penicillin. Dental visits offer an opportunity to identify patient candidates for PCN allergy reassessment. Aim: to collect and evaluate clinician and patient feedback on a PCN Allergy Reassessment for Treatment Improvement (PARTI) tool created for patient-clinician communication about PCN allergy labels, and ultimately, to delabel patient EHR records, as appropriate.

FRONT

Penicillin Allergy Reassessment Tool (PARTI)

Step 1
I believe this patient is a candidate for allergy reassessment because: (check all that apply)
☐ Not true allergy ☐ Waning immunity ☐ Error in Chart
 Dentist: _____ Date: _____

Step 2
The **Patient** will schedule a follow up to discuss this with their primary care physician
 Clinician: _____
 Date: _____ Location: _____

Step 3
I agree that this patient: (check all that apply)
☐ Has a true Penicillin Allergy
☐ Requires further allergy testing, Date: _____
☐ Does not have a true Penicillin Allergy

Why does this matter? See reverse side.

BACK

Allergies are rare.

1% of the population has a true penicillin allergy
 Compared to an almost 10% of the population that thinks they have a penicillin allergy, around 80% of patients who suspect they are penicillin allergic have negative results in a skin test.

The Benefits.
 Other antibiotics in the penicillin family, like amoxicillin, are more targeted and therefore, are less associated with harsh side effects.

The Risks.
 Antibiotics prescribed when the patient is allergic to penicillins are often associated with higher healthcare costs and increased risk for antibiotic resistance. Your medical history may be unreliable and can result in being prescribed more toxic antibiotics.

Patient Followup Checklist
 Communicate your updated allergy status with your providers who can update your Electronic Health Records
☐ Dentist
☐ Pharmacist
☐ Primary Care Physician

MARR OSAP

Methods. A mixed methods pilot study was conducted January-March 2023. We administered a semi-quantitative questionnaire to interdisciplinary clinicians and performed semi-structured focus groups of patients with a PCN allergy label for tool feedback. The questionnaire and focus group guide were developed to focus on the three tool components: (1) steps for PCN allergy reassessment, (2) general patient-centered PCN allergy information, and (3) a follow-up checklist for updating EHR allergy records. Deductive thematic analysis was used for the focus group data.

Results. In total, 50 clinicians completed the questionnaire and 15 patients participated in focus groups. Both groups included individuals from 5/5 U.S. regions. Survey respondents included mostly pharmacists (30%) and dentists (20%). PARTI steps 1, 2, and 3 were rated as “very important” or “important” for 81%, 67% and 93% of clinicians, respectively. Inclusion of the patient information section was supported by 100% of clinicians and 94% thought the PARTI tool was at an appropriate literacy level. Stated barriers to using the PARTI tool included patient follow-through and provider comfort with evaluating PCN allergies. Regarding the PARTI tool itself, focus group participants indicated that the tool was a conversation starter, easy to understand, included helpful patient-centered allergy information, and that the follow-up checklist for EHR record updates was useful. Stated patient barriers to the PARTI tool included patient follow-through and clinician hesitancy to update allergy records.

Conclusion. Patients and clinicians were receptive to using the PARTI tool for PCN allergy reassessment. Data herein will be used to address clinician and patient feedback to further develop the PARTI tool in preparation for its use in a national, multidisciplinary pilot study.

Disclosures. All Authors: No reported disclosures