



Jim Antoon

M.P.H. Candidate, Epidemiology Track

james.antoon@vumc.org

Practicum Site:

Vanderbilt Children's Antimicrobial Stewardship Program
Nashville, TN

Practicum Site Supervisor:

Ritu Banerjee, MD, PhD

Facilitators and Barriers To Antibiotic Allergy Delabeling of Children At Low Risk for True Allergy

Introduction: Appropriately delabeling antibiotic allergies has been shown to improve clinical outcomes and decrease health care costs. Information needed to inform implementation strategies aimed at removing these inaccurate allergy labels is currently lacking.

Methods: We conducted four focus groups with parents of children with antibiotic allergy and invited their children to join, as well. Focus groups were audio-recorded and transcribed. A hierarchical coding system was developed using the focus group moderator's guide and preliminary review of the transcripts. Transcripts were coded by experienced qualitative researchers. The coded transcripts were analyzed using an iterative inductive-deductive approach.

Results: A total of 18 parents (all women) and two children participated in the focus groups. Preliminary themes were identified using the iterative process and coding system. Parents reported perceived dismissal by the health system when communicating their child's allergy. Parents expressed skepticism when presented information that the majority of labels are inaccurate. Some parents prefer testing during a hospital stay, should they agree to the challenge in the future. Several concerns were identified if test results confirmed the child can safely use penicillin, including the unknown cause of the initial reaction and test accuracy. Some questioned the reason to take the penicillin challenge because there are alternative medications available. Despite passing an oral challenge, some would continue to avoid penicillin when possible. Among children, one child expressed concern of an accidental dose of penicillin in the future. The other child participant, during a recent hospital stay, reminded nurses each time they entered her hospital room of her penicillin allergy.

Conclusions: Hospital evaluation is an acceptable option for children with penicillin allergy. Penicillin allergies remain a concern for families even if passing an oral challenge. Further study is needed to develop methods to best present allergy information to families to belay these concerns.