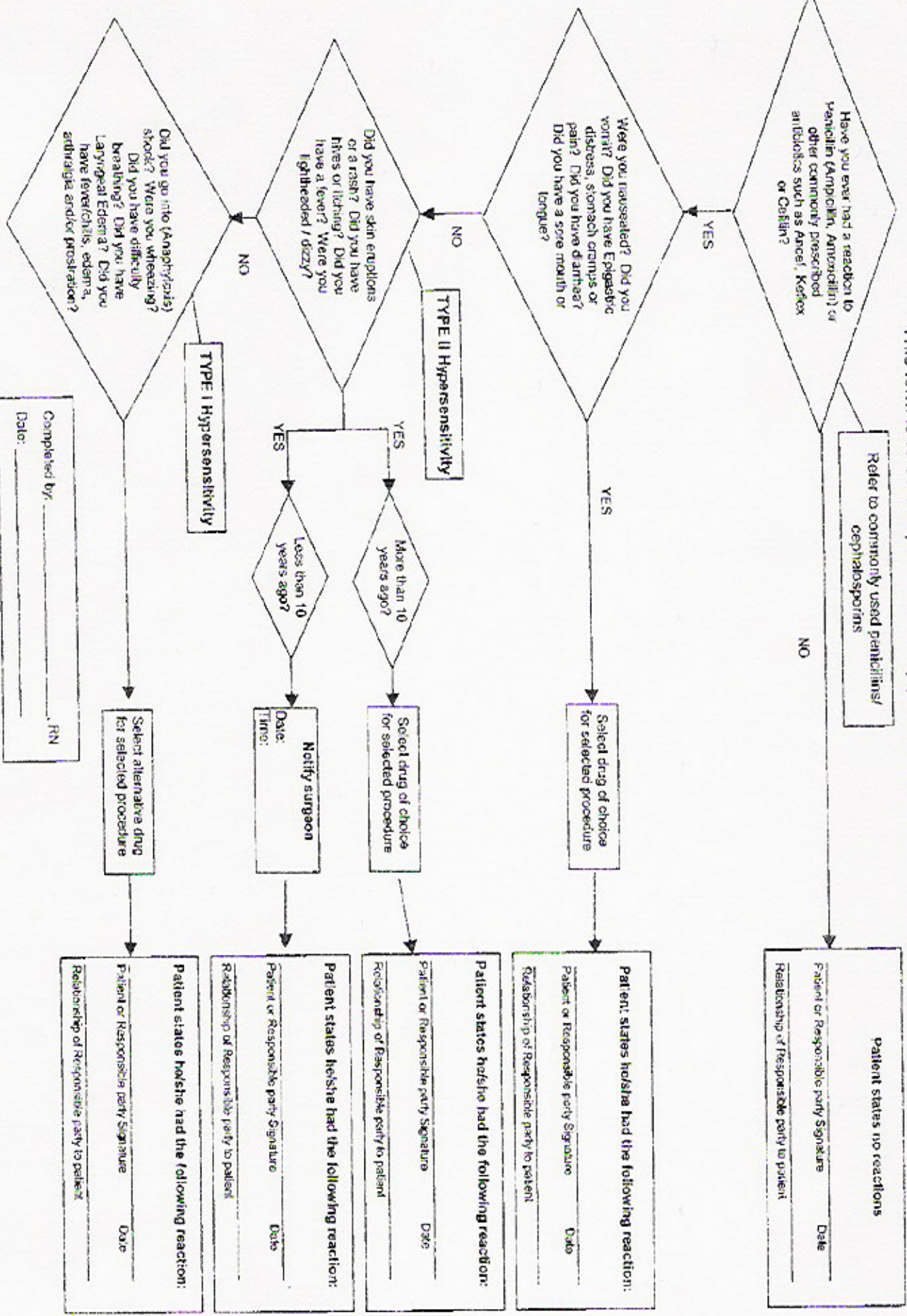


Penicillin Allergy Algorithm
 This form is to be completed for every patient and placed in the chart.



Patient states no reactions

 Patient or Responsible party Signature Date

 Relationship of Responsible party to patient

Patient states he/she had the following reaction:

 Patient or Responsible party Signature Date

 Relationship of Responsible party to patient

Patient states he/she had the following reaction:

 Patient or Responsible party Signature Date

 Relationship of Responsible party to patient

Patient states he/she had the following reaction:

 Patient or Responsible party Signature Date

 Relationship of Responsible party to patient

Patient states he/she had the following reaction:

 Patient or Responsible party Signature Date

 Relationship of Responsible party to patient

Completed by: _____ RN
 Date: _____