



Penicillin allergy de-labelling by non-specialists in NHS acute care: a UK-wide survey and review of current practice by **The PADL-UK Survey**

A. Blanshard*¹, H. Lewis*², N. Fleming³, P. Howard^{3,4}, T. Locke^{2,5}, R. Payne^{2,5}

1. Manchester University NHS Foundation Trust – Manchester, UK. 2. Sheffield Teaching Hospitals NHS Foundation Trust – Sheffield, UK. 3. NHS England - North East and Yorkshire - Newcastle Upon Tyne, UK. 4. University of Leeds – Leeds, UK. 5. The University of Sheffield – Sheffield, UK

✉ andrew.Blanshard@mft.nhs.uk

- AIMS:**
1. To describe current UK practice in penicillin allergy de-labelling by non-specialists (PADL) in acute hospital trusts.
 2. To characterise how PADL services are being delivered, including scope and setting of practice.
 3. To review the characteristics of locally developed PADL guidelines and compare variations in implementation.

METHODS:

Online UK-wide survey May to December 2025.

Disseminated via the National Infection Teams Collaborative for Audit and Research, the British Infection Association, and NHS England antimicrobial regional pharmacy networks.

Local trust PADL guidelines were collected separately by email from willing respondents.



Our survey

95% of penicillin allergy labels are false

Penicillin allergy is recorded in 5.9% of the UK population

False penicillin allergies are associated with morbidity and mortality

RESULTS – SURVEY:

Respondent Characteristics:

Pharmacists (54%), doctors (41%) and other (5%)

- Doctor respondents predominantly infection specialists (95%)

Scope of Practice: 145 Trusts

60% reported using oral penicillin challenges:

- Ad-hoc basis 52% and/or a formalised service 27%

PADL Implementation:

Where PADL occurring:

- Small scale (70%)
- Widely across the Trust (30%)

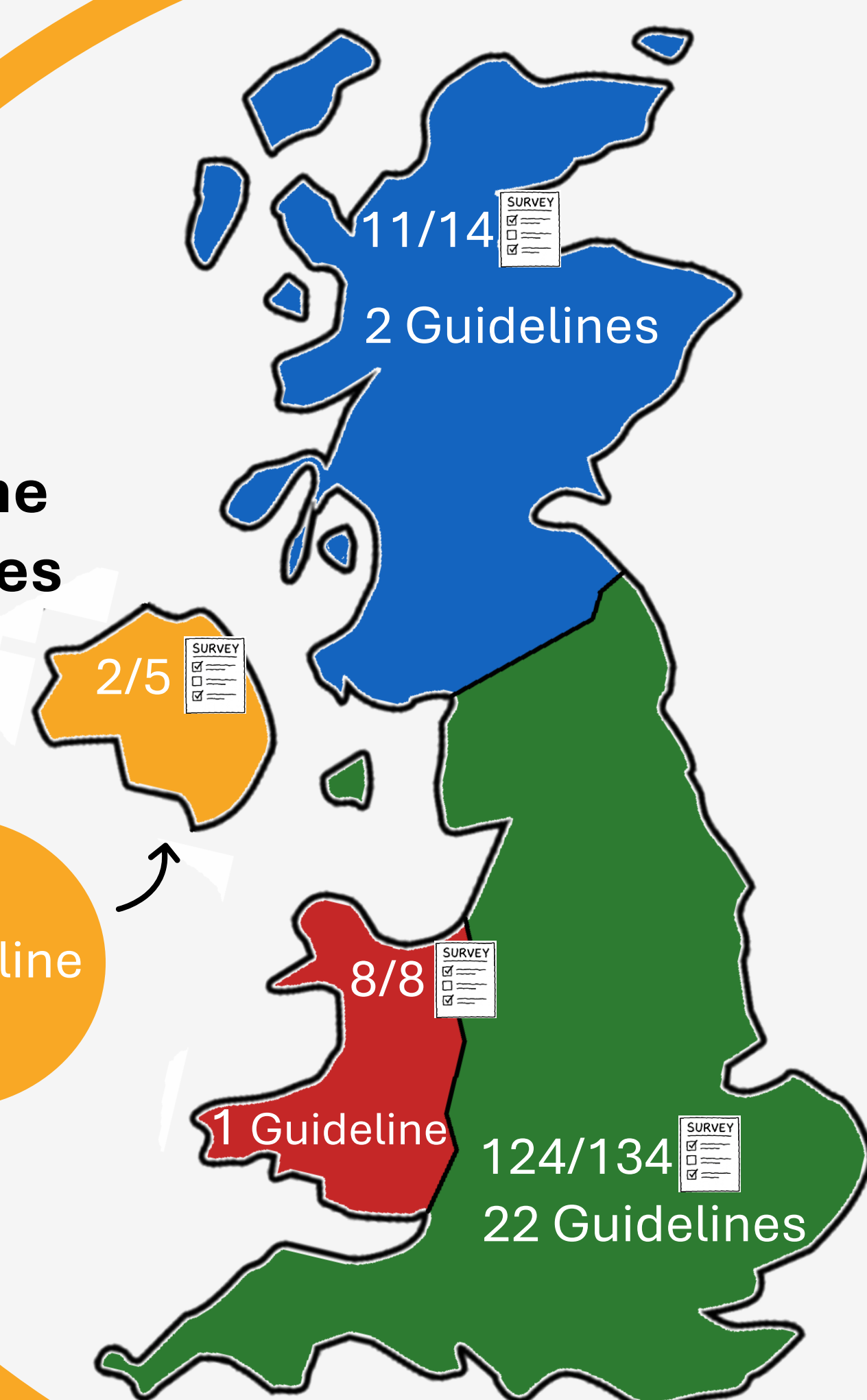


Responses received from **145/165** NHS acute trusts

Scope of Formalised Service: 39 Trusts

Formalised PADL services reported for inpatients 80%, outpatients 49% and GP referrals 13%

Guideline Responses



RESULTS – GUIDELINE REVIEW:

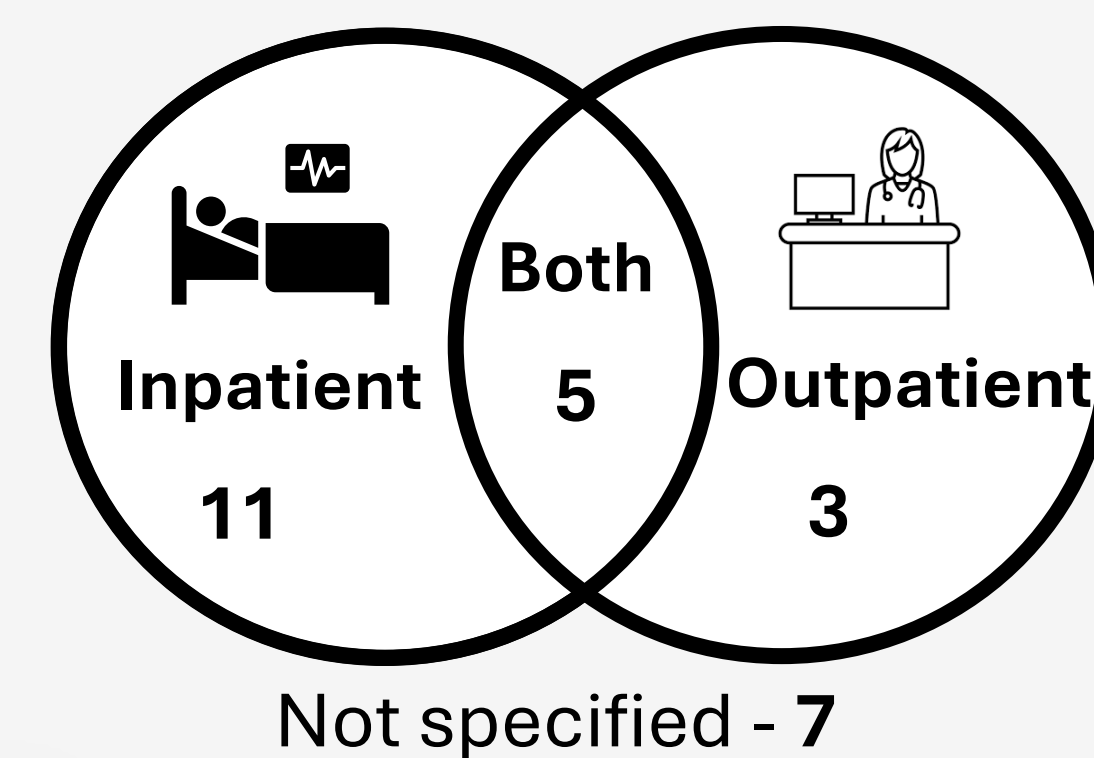
Guideline Authorship

Infection specialist – 21/26
Pharmacy – 17/26
Immunology/allergy – 3/26
Other – 9/26
Unknown author – 6/26

Oral Challenge Monitoring

1 Hour - 24
30-60 mins – 1
• Additional OP follow-up:
72 hrs (1), 5-7 days (2)
*1 protocol unavailable

PADL Setting



Guidelines Referenced

| | |
|------------------------|---------------------------------|
| SAPG ¹ | Selection – 12 Protocol – 12 |
| All Wales ² | Selection – 1 Protocol – 2 |
| BSACI ³ | Selection – 10 Protocol – 7 |
| PEN-FAST ⁴ | Selection – 5 |

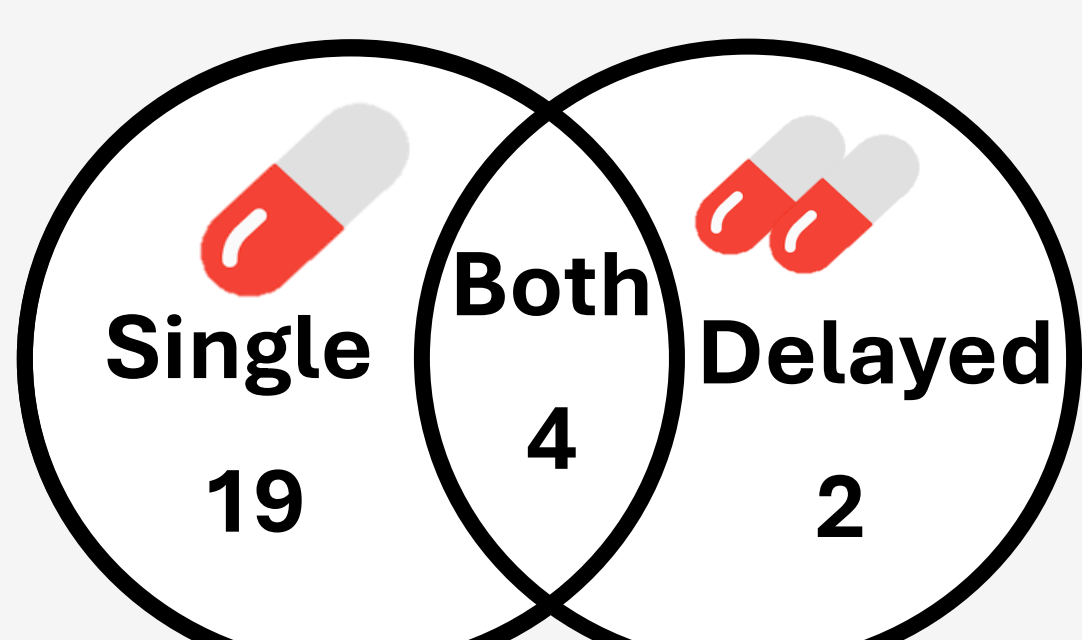
Target Population



Commonest Exclusions:

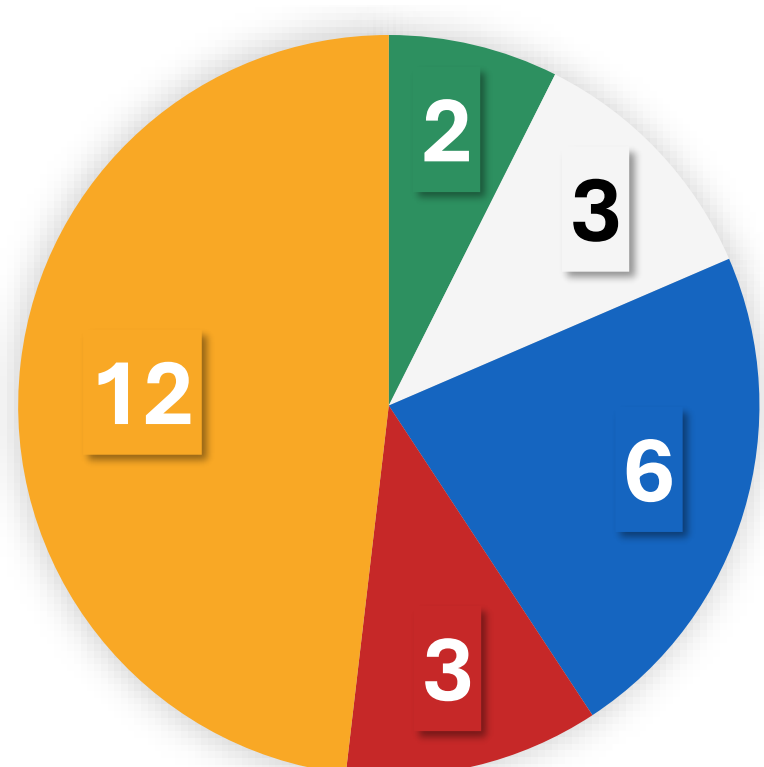
Severe asthma/COPD – 23
Pregnancy – 22
Acutely unwell – 14
Unstable CAD – 14
Severe aortic stenosis – 12
Can't consent – 12

Challenge Type



26 local Guidelines reviewed

Training Requirements for Patient Selection



- No training mentioned
- Non-specialists with training
- "Senior Review"
- Designated PADL/Infection team sign off
- No training needed

CONCLUSIONS:

Non-specialist PADL services are being adopted widely, but implementation is variable, and the format of non-specialist PADL services are heterogeneous. England and Northern Ireland would benefit from national guidance to facilitate wider uptake; Scotland and Wales currently have national guidelines.