HealthPartners Park Nicollet

Preferred name: Ada E Egeland (Legal name: Ada E Egeland) | DOB: 5/12/2015 | MRN: 93816645

PCP: Laura L Conger, MD

Office Visit - Apr 15, 2025 (Ada)

with Andrew S Nickels at St Louis Park 3800 Allergy

Notes from care team

Progress Notes

Andrew S Nickels at 4/15/2025 2:20 PM

Drug Allergy Evaluation

Provider: Andrew S Nickels, MD

Requesting Provider:
Fekadu, Bisrat A, MD
2165 White Bear Ave N
MAPLEWOOD, MN 55109-2707

Assessment and Plan:

Encounter Diagnoses

Name	Primary?
• Drug allergy	Yes

Patient with a history of likely delayed type hypersensitivity. Was in the setting of strep.

Reviewed different types of hypersensitivity to medication including type 1 hypersensitivity in delayed type hypersensitivity.

Low suspicion for type 1 hypersensitivity. Patient completed graded challenge without any issue.

Regarding delayed type hypersensitivity, 5-10% chance of recurrence.

Given patient's recurrent strep I think it is reasonable, seeing the patient has not had any severe cutaneous reactions

Provided written and verbal education/instructions as follows:

-No longer considered at increased risk (allergic) for a penicillin or amoxicillin acute/immediate type allergy such as hives or anaphylaxis.

Exhibit L2

-Non-immediate type allergies are always a possibility. Symptoms of this are a delayed onset - usually greater than 24 hours after starting the medication. Red flag symptoms include blisters in the mouth, eye or genital area, swelling of the joints, and fevers.

-If ever a rash develops on any medication to stop it and contact health care provider, as some delayed rashes can be very serious.

-Please share this information with your primary care provide and other healthcare provides.

The patient's past medical history was updated to include patient has completed penicillin de-labeling process, the allergy modules was updated to remove the drug allergy.

This note has been completed using voice capture software. Typographical and phonographic errors may be present. Please contact my office with any questions or needed clarifications.

History of Present Illness:

9 y.o. female presenting for history of Amoxicillin allergy.

History provided by: Parent

Drug of concern: Amoxicillin
Route of Administration: By mouth
Symptoms Experienced: Delayed Rash
Initial Date of Exposure: 2023
Any red flag symptoms: None
Timing of symptoms in relation to exposure: Day 8
Indication of Medication: Strep Throat
Has Med been taken again since reaction: No

In clinic today, patient history/status:
Fever: No
Baseline Rash/Hives: No
Beta Blocker use: No
ACEi: No
Asthma: No

Current Medication: Reviewed in Epic.

Allergies: has no known allergies.

Past Medical History, Surgical, Social, and Family History: Reviewed in Epic

Physical Exam:
Vitals:

	04/15/25 1425
BP:	**(!) 101/77**
Pulse:	94

29.9 kg (66 lb) (33%, Source: CDC (Girls, 2-20 Years)) 1.384 m (4' 6.5") (55%, Source: CDC (Girls, 2-20 Years))
Constitutional: Well-developed and well-nourished.
Eyes: Pupils are equal, round.

HENT: Head: Normocephalic and atraumatic.
Nose: Normal external nose
Pulmonary/Chest: Respiratory effort is normal. Lungs are clear to ascultation bilaterally.
Cardiovascular: Normal rate and regular rhythm. Normal heart sounds. No murmur
heard. No edema is present.
Extremities/MS: Normal gait and station.
Skin: Warm, dry and intact. No rash present. No induration noted.
Neurological/Psychiatric: Alert and oriented appropriately.

We discussed different ways medications can cause allergy and adverse reactions (including hives, anaphylaxis, delayed reaction, and severe cutaneous reactions). The risks, benefits, alternatives to the evaluation of drug allergy. Patient verbalized their understanding and agreement with moving forward with evaluation. Written informed consent for challenge was obtained/documented.

Challenge:

Oral Challenge
Challenge Medication: Amoxicillin
Goal Dose: 250 mg
Challenge Start Time: 4/15/2025 2:40 PM
Dosing:

TIME	DOSE	BP	HR	O2	PE	OTHER COMMENTS	PROGRESSION
2:28 PM	31.25 mg						No Change & Next Step
3:09 PM	218.75 mg						No Change & Next Step

Observation (60 min):

TIME	DOSE	BP	HR	O2	PE	OTHER COMMENTS	PROGRESSION
3:09 PM CDT							Next Step

Challenge End Time: 4/15/2025 4:09 PM
Total Time of Challenge (Mins): 89

Interpretation: Negative oral challenge to Amoxicillin