

Antihistamines, allergen immunotherapy and allergic emergencies p. 180

- Urticaria or angioedema without systemic features
- Exacerbation of asthma e.g. with non-steroidal anti-inflammatory drugs (NSAIDs)


Non-immediate reactions, without systemic involvement (onset usually 6–10 days after first drug exposure or 3 days after second exposure)

- Cutaneous reactions, e.g. widespread red macules and/or papules, or, fixed drug eruption (localised inflamed skin)

Non-immediate reactions, with systemic involvement (onset may be variable, usually 3 days to 6 weeks after first drug exposure, depending on features, or 3 days after second exposure)

- Cutaneous reactions with systemic features, e.g. drug reaction with eosinophilia and systemic signs (DRESS) or drug hypersensitivity syndrome (DHS), characterised by widespread red macules, papules or erythroderma, fever, lymphadenopathy, liver dysfunction or eosinophilia
- Toxic epidermal necrolysis or Stevens–Johnson syndrome
- Acute generalised exanthematous pustulosis (AGEP)

EvGr Suspected drug allergy information should be clearly and accurately documented in clinical notes and prescriptions, and shared among all healthcare professionals. Children and parents or carers should be given information about which drugs and drug-classes to avoid and encouraged to share the drug allergy status.

If a drug allergy is suspected, consider stopping the suspected drug and advising the child and parent or carer to avoid this drug in future. Symptoms of the acute reaction should be treated, in hospital if severe. Children presenting with a suspected anaphylactic reaction, or a severe or non-immediate cutaneous reaction, should be referred to a specialist drug allergy service. Children presenting with a suspected drug allergic reaction or anaphylaxis to NSAIDs, and local and general anaesthetics may also need to be referred to a specialist drug allergy service, e.g. in cases of anaphylactoid reactions or to determine future treatment options. Children presenting with a suspected drug allergic reaction or anaphylaxis associated with beta-lactam antibiotics should be referred to a specialist drug allergy service if their disease or condition can only be treated by a beta-lactam antibiotic or they are likely to need beta-lactam antibiotics frequently in the future (e.g. immunodeficient children).  For further information see Drug allergy: diagnosis and management. NICE Clinical Guideline 183 (September 2014) www.nice.org.uk/guidance/cg183.

Defective medicines

During the manufacture or distribution of a medicine an error or accident may occur whereby the finished product does not conform to its specification. While such a defect may impair the therapeutic effect of the product and could adversely affect the health of a patient, it should **not** be confused with an Adverse Drug Reaction where the product conforms to its specification.

The Defective Medicines Report Centre assists with the investigation of problems arising from licensed medicinal products thought to be defective and co-ordinates any necessary protective action. Reports on suspect defective medicinal products should include the brand or the non-proprietary name, the name of the manufacturer or supplier, the strength and dosage form of the product, the product licence number, the batch number or numbers of the product, the nature of the defect, and an account of any action already taken in consequence. The Centre can be contacted at:

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