### Methods

University of Maryland Medical Center is an 850 bed teaching hospital with 37 infectious Diseases Faculty and 14 fellowship positions in ID specialty consult services (Semanal, Surgical, Cancer, Transport, ICU, Trauma) and 2 Medicine-ID/HIV primary services.

Dedicated penicillin allergy consult pager covered by the fellow on the Medicine-ID/HIV service rotation initiated 8/1/14.

Fellow performs detailed allergy history and screens patient for appropriateness for PST.

ID attending (of a core group of faculty) will review history, assess the patient and supervise PST.

ID fellows covered surveys on their knowledge and experiences regarding PST at the beginning of the service and 9 months later.

A national survey was sent to 156 ID fellowship program directors evaluating availability of PST and thoughts on testing under the auspices of the ID fellowship program.

### Results

- **90 patients were evaluated in the first year; 76 underwent penicillin skin testing (see Table 1).**

- **14 patients were not skin tested:**
  - (1) Previous tolerance of beta-lactams identified during history (n=6); (2) Patient did not consent for testing (n=3); (3) Antibiotic plan changed prior to PST (n=2); (4) Recent, convincing reaction to penicillin (n=2); and (5) Patient on a histamine blocker, unable to be held (n=1).

- **50 of 156 ID fellowship program directors responded (32% response rate).**

- **56% thought that ID fellows could be involved in inpatient PST service involving ID fellows under attending supervision.**

- **92% stated that they are consulted between 10-20 x/month to manage penicillin allergy.**

- **92% stated that penicillin allergy is an issue in their practice.**

- **60% stated that they have PST available; in 94%, PST is performed by allergist/immunologist.**

- **92% stated that penicillin allergy is an issue in their practice.**

- **92% stated that they are consulted between 10-20 x/month to manage penicillin allergy.**

- **56% thought that ID fellows could be involved in inpatient PST service.**

- **70% thought that such a service would benefit patient care and antimicrobial stewardship.**

### Conclusions

- **Infectious diseases providers can successfully manage an inpatient penicillin skin testing service and testing can be incorporated into the ID fellowship training program.**

- **Our own results and national survey results indicate that the availability of PST is desirable for optimizing antibiotics and antimicrobial stewardship.**

### References

1. Abbo L, Beekmann SE, Hooton TM, Johannsson B, Polgreen PM. JAMA Internal Medicine 2013; 173:1376

2. ID/HIV service rotation initiated 8/1/14.

### Disclosures

The study was supported by an educational grant from Alk-Abell.

### Figures

- **Figure 1:** Table 1: Penicillin Skin Test Performed
- **Figure 2:** Aztreonam use decreased by approximately 50% decrease of beta-lactams identified during history (n=6); (2) Patient did not consent for testing (n=3); (3) Antibiotic plan changed prior to PST (n=2); (4) Recent, convincing reaction to penicillin (n=2); and (5) Patient on a histamine blocker, unable to be held (n=1).

- **Figure 3:** Results of National Survey 50 of 156 ID fellowship program directors responded (32% response rate). 60% stated that they have PST available; in 94%, PST is performed by allergist/immunologist. 92% stated that penicillin allergy is an issue in their practice. 92% stated that they are consulted between 10-20 x/month to manage penicillin allergy. 56% thought that ID fellows could be involved in inpatient PST service. 70% thought that such a service would benefit patient care and antimicrobial stewardship. Barriers to PST Usage for ID Fellowship Program Directors: • Time constraints; • Inadequate time; • Inadequate personnel; • Too expensive; • Not seen as value by ID/HIV service rotation initiated 8/1/14.