

National Patient Safety Alert: Harm from incorrect recording of penicillin allergy as penicillamine allergy.

For action: Primary Care Practices

This alert requires immediate action from all primary care practices to safeguard patients

1. Background

A [national patient safety alert](#) was released on 20th November 2025 outlining recent national incident reviews have identified patient harm, including a fatality, due to incorrect recording of a **penicillin allergy** as a **penicillamine allergy** in GP systems. This look-alike/sound-alike error risks inappropriate prescribing of penicillin antibiotics to patients with true penicillin allergy, leading to potentially fatal anaphylaxis.

Primary care organisations must urgently review allergy records and implement safeguards to prevent recurrence.

2. Required Actions for Primary Care

Step 1: Identify Patients

- Run a **search/report** in your GP clinical system to identify all patients with a recorded **penicillamine allergy**.

SystemOne: LLR Primary Care > LLR Target Patients 2526 > National Safety Alerts > National Safety Alerts

▼ LLR Primary Care (8387)

▼ LLR Target Patients 2526

+ National Safety Alerts (2)

EmisWeb: Leicestershire Health Informatics Enterprise Search & Reports > 2526 LLR Target Patients > National Safety Alerts

Leicestershire Health Informatics Enterprise Search & Reports

▲ 25 26 LLR Target Patients

📁 National Safety Alerts

The reports contain two searches:

1. A register to work through and maintain.

2. A monthly search that we suggest is run each month to identify any new patients - SystemOne can create a batch report so that this runs and alerts them automatically.

- Ardens searches are available to identify patients with a Penicillamine allergy coding:

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- SystemOne - Ardens Prescribing Alerts → Allergies → Allergies | ?Review if true penicillamine allergy
- EMIS – Ardens → 2.22 Prescribing -Alerts → Allergies | ?Review if true penicillamine allergy

Step 2: Clinical Review

Arrange a **clinical review** of **notes** for each identified patient's allergy status:

- Confirm whether the patient has a genuine penicillamine allergy (rare, but possible).
- Check if the allergy should correctly be recorded as **penicillin allergy** or intolerance.

Step 3: Update Records

- Correct allergy entries in GP systems to ensure accuracy (note **remove** any incorrect allergy status to avoid dual status).
- Where changes are made, **document allergies in the allergy status box** to ensure updates are shared across linked systems (e.g., community pharmacy, shared care records, care and residential homes).
- Add a note if penicillamine allergy is confirmed, to avoid future confusion.

If you outsource or sub-contract any administrative services (coding, summarising, correspondence management etc) to another provider please ensure the information contained within this update is shared with them so that they are aware of the required auditing and coding requirements.

Step 4: Strengthen input process

- Implement additional checks when non-clinical staff input allergy status.
- If **penicillamine** is selected, require a **clinical review** before confirming the entry.
- Reinforce staff training on safe allergy recording.

Further information can be found in Appendix 1.

Step 5: Self declaration of completion

Each primary care practice (even if zero patients identified) must complete a [self-declaration](#) confirming implementation of the above actions.

Please complete all actions by the deadline of **Friday 27th February 2026.**

Other stakeholders will ensure allergy records in electronic prescribing and related digital systems that record allergy status are updated.

Appendix 1

Strengthening Input Processes for Allergy Recording Guide

To reduce the risk of incorrect allergy entries (e.g., penicillin vs. penicillamine), primary care should implement the following safeguards:

1. Role-based Controls

- Ensure only **trained clinical staff** (GPs, pharmacists, nurses) can authorise or amend allergy records.
- Non-clinical staff may capture information but must flag entries for **clinical validation** before they are saved.

2. Mandatory Double-Checks

- Introduce a **two-step verification** process when penicillamine is selected:
 - Step 1: Initial entry by staff member.
 - Step 2: Mandatory clinical review before record is confirmed.
- Configure systems to prompt: *“Penicillamine is not a penicillin antibiotic. Confirm this is correct before saving.”*

3. Standardised Data Entry

- Use **structured templates** for allergy recording (drug name, reaction type, severity, date of occurrence).
- Avoid free-text entries wherever possible, as these increase the risk of misinterpretation.
- Encourage staff to record **reaction details** (e.g., rash, anaphylaxis, intolerance) to distinguish allergy vs. intolerance.

4. Training & Awareness

- Provide **regular training sessions** for all staff on:
 - Differences between penicillin and penicillamine.
 - Risks of look-alike/sound-alike errors.
 - Correct use of allergy recording fields in GP systems.
- Include case studies from national incident data to reinforce learning.

5. System Prompts & Alerts

Where possible, add **decision support prompts** reminding staff to check allergy history at registration, admission, and discharge.

6. Audit & Feedback

- Conduct **monthly audits** of newly added allergy records to check accuracy.
- Provide feedback to staff where errors or near misses are identified.
- Share learning across practices within the PCN to build consistency.

7. Patient Engagement

- Encourage patients to **confirm their allergy status** during consultations, medication reviews, and repeat prescription requests.
- Provide clear patient-facing information explaining why allergy accuracy is critical.

Useful Resources

1: [TPP Guidance: National Patient Safety Alert - Penicillin allergy](#)