

## 348 Pediatric Patient Participation in Food Allergy Encounters: Provider Practices, Perspectives, Barriers, and Facilitators



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**RATIONALE:** The American Academy of Pediatrics calls for patient participation in medical encounters but data suggests that child involvement remains low. Providers play a major role in facilitating patient involvement; however, there is little research on youth involvement and factors hindering or facilitating participation in food allergy (FA) encounters.

**METHODS:** Allergy providers ( $N=162$ ) completed an online survey through listserv and Facebook postings that assessed their practices and perspectives regarding inclusion of pediatric patients in FA visits based on child age. Providers also identified barriers and facilitators to including pediatric patients in medical encounters. One-way repeated-measures analyses of variance examined differences in provider practices and perspectives among three age groups.

**RESULTS:** Provider report of their practices [ $F(1.48, 237.16)=239.93, p<.01$ ] and their perspectives [ $F(1.34, 215.21)=275.40, p<.01$ ] varied by child age such that providers were least likely to include younger patients and their involvement was rated as least important. Providers reported that barriers to including children in medical encounters were caregivers responding for the child (67.9%), it was more efficient to communicate with caregivers (66.7%), and that caregivers provide more accurate information (63.6%). Facilitators to including children in medical encounters were caregivers providing space for children to speak (84.1%), children wanting to be involved (84.6%), and asking questions directly to children (74.1%).

**CONCLUSIONS:** FA providers are not uniformly including patients in medical encounters which is counter to pediatric guidelines and may lead to missed opportunities for patient-centered care. Educating caregivers on the importance of patient involvement may be helpful in overcoming barriers and facilitating pediatric patient involvement.

## 349 Persistent Penicillin Allergy Label in Pharmacies after Penicillin Allergy De-labeling



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**RATIONALE:** Carrying a penicillin allergy label is associated with increased healthcare costs and adverse events. De-labeling a penicillin allergy can optimize antimicrobial stewardship and improve patient care.

**METHODS:** We performed an IRB-approved retrospective study of patients over 11 years-old, who were de-labeled of penicillin allergy (negative skin testing and aminopenicillin oral challenge) in our clinic between May 2019 and May 2022. Patients had their penicillin allergy removed from our electronic medical record (EMR) and were given a wallet card denoting results. A letter with fax confirmation of receipt was sent to both primary care physician and pharmacy. EMR review and phone interviews with patients and pharmacies were subsequently conducted to determine penicillin allergy status and antibiotic prescribing patterns.

**RESULTS:** A total of 78 charts were reviewed: 68 underwent phone interviews, 9 were lost to follow up, and 1 was deceased. From these charts, 77 (99%) remained de-labeled in our EMR, whereas 24 (31%) had an active penicillin allergy listed in their pharmacy.

Out of 68 patients interviewed, 66 (97%) recalled a negative penicillin allergy result, 30 (44%) took penicillins since de-labeling, 31 (46%) were

not prescribed penicillins, 4 (6%) avoided penicillins, while 3 (4%) reported unknown antibiotic use.

**CONCLUSIONS:** This study demonstrates that our penicillin de-labeling protocol is effective in maintaining a non-allergic status and allowing for subsequent penicillin administration. However, the discrepancy in allergy records between our EMR and patients' pharmacies exemplifies the need to identify barriers in universally de-labeling patients.

## 350 Caregiver Perception of Risk and Auto-Injector Carriage Rates in Multi-Allergic Compared to Mono-Allergic Children: A Long-Term Follow-Up Survey



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**RATIONALE:** The Long-Term Follow-Up Survey is a 21-question REDcap survey designed to collect data from children desensitized to peanuts through OIT, SLIT, or EPIT studies. Quality of life, perception of risk, and adherence to peanut consumption data are still lacking.

**METHODS:** We examined the frequency of former study participants carrying injectable epinephrine and assessed the presence of associated reassurance or anxiety. We compared results to current literature to determine generalizability to the population. We grouped responses into two cohorts, multi-allergic and mono-allergic children, to assess differences in risk perception and auto-injector carriage rates.

**RESULTS:** Children with more than one food allergy were more likely to carry an epinephrine auto-injector than children with only peanut allergy. We reviewed survey responses of 89 respondents. Reports of carrying an auto-injector either 'always' or 'most of the time' occurred in 82% of the multi-allergic children and 57% of the mono-allergic children. In parents of multi-allergic children who stated having an auto-injector gave them reassurance, only 47% 'always' carried an auto-injector, and 35% carried 'most of the time' compared to 14% and 5% respectively among mono-allergic children. Ten percent of mono-allergic children 'rarely' or 'never' carrying an auto-injector.

**CONCLUSIONS:** Epinephrine auto-injector carriage rates are lower among mono-allergic families compared to multi-allergic families. Low carriage rates have been linked to complacency due to never having needed to use an auto-injector, less parental control as children age, and the high cost of auto-injectors. Lower perception of risk among the mono-allergic cohort could explain our results.