



If no adverse event continue chosen antimicrobial

Legend: SCAR – Severe cutaneous adverse reaction (e.g. Stevens-Johnson syndrome, toxic epidermal necrolysis, drug reaction with eosinophilia and systemic symptoms, acute generalised) Type A – Non-immune mediated adverse drug reactions Type B – Immune mediated adverse drug reaction ^a If TMP-SMX-associated rash within last two years, can consider dapstone rather than rechallenge ^b Drug fever, acute interstitial nephritis, fixed drug eruption ^c Oral single dose challenge and observe for two hours (TMP-SMX 80mg-400mg). ^d Preferred prophylaxis strategy generally TMP-SMX 160mg-800mg daily or 3 times weekly. ^e For all patients proceed with TMP-SMX desensitization or alternatively, dapstone therapy may be employed. ^f Prescribe dapstone 100mg orally daily. Ensure G6PD deficiency screen negative prior to use. ^g Only if required for PJP prophylaxis. If for alternative reason seek infectious diseases advice