

PROTOCOL FOR: Latex Allergy Care

POLICY: Staff will use non-latex products and create a latex contact-free environment for patients known to have or be at risk for developing latex allergy.

DESIRED PATIENT OUTCOMES:

1. The patient will have no injury related to latex exposure, as evidenced by minimal or no allergic reaction.
2. The patient participates in decisions affecting his or her plan of perioperative care.
3. The patient will receive comparable levels of care from all caregivers, regardless of setting.

CLINICAL ASSESSMENT AND CARE:

1. Identify patients who are at risk or have known latex allergies. Risk factors include:
 - a. history of multiple surgeries beginning at an early age (eg, spina bifida, urinary malformations)
 - b. food allergies (eg, latex fruit syndrome)
 - c. exposure to latex; and
 - d. history of allergic reaction to latex; differentiating between contact / allergic dermatitis and immediate hypersensitivity reaction history.
2. Communicate with Scheduling, as needed; first OR case of day booking is preferable, especially for patients with a known history of immediate hypersensitivity reaction.
3. Develop a plan of care that allows the latex-allergic patient to be treated in a latex-safe environment that removes all latex-containing devices and products within the immediate care environment.

Preoperative

- notify OR of potential or known latex-allergic patient as soon as possible prior to the procedure;
- identify risk factors for latex allergy and communicate same to health care team;
- schedule procedure as first case of day whenever possible;
- notify all other care providers of patient's allergy status;
- educate and involve patient, family members, and significant others in planning the patient's care;
- provide latex-sensitive / allergic with an allergy wristband; ensure bed/stretchers and chart clearly note allergy status;
- plan for a latex-safe environment of care, refer to SIS latex-free designations regarding products in system;
- use latex-free IV tubing and syringes; use medication in ampoules or latex-free vials, when available
- secure latex-free products for all latex-containing items on surgeon's preference card and those used by anesthesia care provider;
- notify surgeon if no alternative product is available;
- remove all latex items from OR/procedure room unless no non-latex alternative exists:
 - remove boxes of latex gloves and replace with non-latex gloves (eg,

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sterile, nonsterile)

→ double-check all supplies and equipment for latex and remove-all latex-containing items

Intraoperative

- continue implementing the latex-safe plan of care;
- post notice of latex precautions on all OR / procedure room doors;
- remind health care team members of the necessity to follow latex avoidance procedures;
- restrict traffic flow in the room before and during the procedure;
- use latex-free syringes; use medication in ampoules or latex-free vials, when available;
- use latex-free blood pressure cuffs and connecting tubing, or wrap patient's arm to prevent blood pressure cuff tubing or tourniquet cuff tubing from coming into contact with the patient's skin;
- do not use latex tourniquets to start IV lines or as drains in wounds;
- use a 100% silicone (not silicone coated) or polyvinyl chloride catheter if a urinary catheter is ordered for a procedure;
- verify that additional items requested after the case is in progress are latex-free before delivering them to the sterile field;
- monitor for anaphylactic reactions to latex throughout the procedure; have IV fluids and medications for treatment of allergic reactions available immediately.

Postoperative

- continue the latex-safe plan of care
- ensure that latex-free supplies are available to follow the patient to all future locations within the facility;
- provide education for patient and his or her family members or significant others.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 5/95

REVISION DATE: 5/97, 5/00, 6/03, 2/08, 9/09