

ALBANY MEDICAL CENTER

INITIATED

DISCONTINUED

DATE: _____

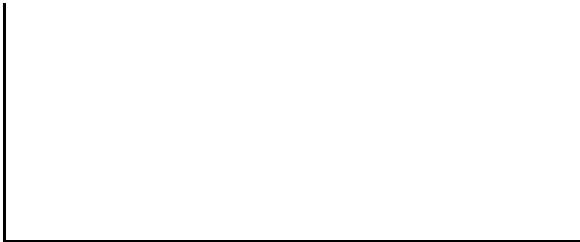
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TITLE: LATEX ALLERGY / SENSITIVITY PROTOCOL (PAGE 1 of 2)

PURPOSE: To outline the management of patients with known or suspected allergy/sensitivity to latex.

LEVEL: Independent

SUPPORTIVE DATA: A Latex **SAFE** environment (the least amount of latex contact or exposure possible) should be provided for any patient who is either known to be latex sensitive or at risk for allergy/sensitivity due to a pre-existing medical condition or food allergies.

By preventing or minimizing latex exposure, the chance of developing an allergic reaction will be minimized. Allergic reactions, range from a mild contact dermatitis to respiratory/ hayfever type symptoms to anaphylactic shock. Frequent, chronic exposure may increase the risk for allergy development. Exposure occurs via four (4) methods:

- direct contact with latex containing products
- indirectly by being touched by a person, such as a health care worker, who has latex particles on his/her skin surface from touching latex products
- inhalation of latex particles, especially from glove powder
- injection of solutions through latex containing IV ports (All tubing @AMC is currently Latex free **Except** Vented IV tubing (dual spike) used with glass bottle solutions.

SIGNS OF ALLERGIC REACTION

- | | |
|--|---|
| <ul style="list-style-type: none"> • Itchy eyes • Generalized pruritus, urticaria • Nausea, vomiting, diarrhea, abdominal cramping • Feeling of faintness • Feeling of impending doom • Shortness of breath, chest pain or tightness | <ul style="list-style-type: none"> • Tachycardia • Hypotension • Wheezing, bronchospasm • Flushing • Cardiorespiratory arrest • Facial or laryngeal edema |
|--|---|

IDENTIFY LATEX STATUS

1. Determine patient's latex status from the following:
 - a. Pre-screening process (eg Reservations, Transfer Center, Telephone etc)
 - b. Patient history (eg admission, previous records)
 - c. addressograph (LA)
2. Label door & patient record with green “ Latex Precaution” label. Place green identification armband on patient.
3. Document on required allergy sections of patient record for new allergy. For new allergy, document on patient care orders and send to Pharmacy.
4. Identify the patients requiring latex precautions prior to and at the time of surgical/ procedure scheduling (Latex precautions are noted on the daily Operating Room (OR) schedule after the patient’s name.).

HIGH RISK PATIENTS

5. Identify the following as patients with a higher risk and treat in a LATEX SAFE environment:
 - a. known or suspected allergy to latex, by a known allergic or anaphylactic reaction, positive IgE antibodies against latex, or positive skin testing.
 - b. those patients having experienced intra-operative anaphylaxis of unknown etiology.
 - c. those patients with severe food allergies (includes but not limited to: banana, chestnuts, kiwi, celery, avocado, papaya, figs, potatoes, tomatoes, passion fruit), atopy(allergy) including hayfever, or product allergy

- d. cerebral palsy, and ventriculo-peritoneal (VP) shunts.
- e. those with myelomeningocele, extrophy of the bladder or other major urologic anomalies who require frequent bladder catheterization or surgical procedures.
- f. those with paraplegia or quadriplegia, who require frequent bladder catheterization and/or manual bowel evacuation

PATIENT PLACEMENT 6. When possible, place patient who is latex allergic/sensitive in a single room. If not possible, treat other patients in room in a latex safe environment.

LATEX SAFE ENVIRONMENT 7. Use product information for products used at AMC available via the AMC Intranet: by clicking on Materials Management; Inventory Supply Catalog:
Latex content , when latex content is verified, is identified by the following codes:

1. (L) for latex containing
2. (LF) for latex free
3. (LP), latex in packaging (wrapper)

8. Remove all latex supplies from the patient's room, including any latex containing supplies for the non-latex allergic roommates. If there is a question on latex product content, remove product until latex status is verified.
9. Cover stretchers, mattresses and bumpers with a sheet prior to patient contact. (Latex containing)
10. **Place a barrier between the latex product and the patient when there is no latex safe substitute.** Wrap tubing or cables with (Kling®) gauze roll, a towel or washcloth, or apply a barrier such as Tegaderm® on the patient's digit before placing an adhesive oximetry probe.
11. Prepare injectable medication as normally done with injection/infusion of these meds through a stopcock or using current needleless system (Braun®).
12. **Cover latex containing injection port of vented IV infusion tubing (dual vent spike) as injection port contains "dry natural rubber" latex.**
13. Use latex free stethoscopes: Littman Stethoscopes are latex free except the cardiac model. Disposable latex-free stethoscopes are available from CPD (see product order requisition).

RECOMMENDED EMERGENCY TREATMENT 14. Remove latex agents, if possible. Do not delay initiating immediate emergency therapy to do so.
15. Stop treatment/procedure.
16. Notify the prescriber immediately.
17. Implement Anaphylaxis/ Severe Allergic Reaction Treatment of Adults and Children Protocol.
18. Initiate the Code Blue/ Immediate Action Protocol or Pediatric Emergency Measures Protocol.

PATIENT/SO EDUCATION 19. Instruct patient/SO with newly diagnosed or patient anaphylactic reaction to follow up with primary care provider/allergist.
20. Provide patient/SO with Latex Allergy information.

DOCUMENTATION 21. Document the following in the patient record:

- a. implementation of protocol
- b. signs of allergic reaction
- c. Latex Allergy information provided to the patient