

PURPOSE:

To establish guidelines for safe care of the latex-sensitive patient and to minimize the risk of an allergic/anaphylactic reaction to latex.

CONSIDERATIONS:

1. Repeated exposure to natural rubber latex increases the risk of sensitization and may result in mild to severe and potentially life threatening reactions. Routes by which latex particles come in contact with a sensitized individual include cutaneous, percutaneous, mucosal, parenteral and aerosol (e.g. from latex glove powder). Mucosal and parenteral exposure may lead to life threatening reactions whereas cutaneous exposure usually causes localized reactions. Symptoms of latex sensitivity include: dermatitis, hives, generalized edema, ocular/nasal itching, rhinitis, sneezing, coughing, wheezing, asthma, bronchospasm and anaphylactic shock.
2. Patients likely to be at risk for latex allergy include those with:
 - a. Urogenital congenital conditions including exstrophy of the bladder and spina bifida related conditions such as meningocele, myelomeningocele, and lipomeningocele.
 - b. History of multiple intra-abdominal or genitourinary surgeries, especially starting in infancy.
 - c. History of multiple procedures involving latex products (e.g. barium enemas, urinary catheterizations, nasogastric tubes).
 - d. Allergic reactions to latex containing products such as bandaids, balloons, latex gloves, condoms, dental dams, or other rubber products.
 - e. History of allergies to foods or plants that cross react with natural rubber latex such as avocados, bananas, chestnuts, tropical fruits, tomatoes, kiwi, poinsettias, and rubber tree plants.
 - f. History of occupational exposure to natural latex rubber (e.g. health care workers, food handlers, cleaning personnel who wear latex gloves and workers in latex product manufacturing plants for items such as tires, catheters and gloves).

EQUIPMENT:

Latex free gloves (vinyl or synthetic)

Latex free supplies as appropriate to perform necessary procedures

Epinephrine auto injector if ordered by patient's physician

PROCEDURE:

1. The overall goal is to limit the patient's exposure to latex by using latex free alternatives or creating a barrier between the latex and the patient.
2. Communicate latex sensitivity to all health care personnel involved in patient's care.
3. Assess patient for signs/symptoms of latex sensitivity at each visit and report to physician as appropriate.
4. Use only latex free gloves (sterile and non-sterile). Vinyl and synthetic rubber gloves are latex free.
5. Cover latex items that must come in contact with the patient with a non-latex barrier such as kling.
6. Use latex free tape and dressings (stretchy bandages usually contain latex).
7. BP cuff – cover all rubber tubing with a latex free barrier such as kling. Cover cuff with a plastic bag or place a barrier around patient's arm so no latex comes in contact with the patient's skin.
8. Cover stethoscope tubing with barrier such as kling so no latex comes in contact with the patient's skin.
9. For patients receiving IV tubing, notify the home IV pharmacy of patient's latex allergy. IV pharmacy is responsible for sending out safe supplies for patients with latex sensitivity.
10. Cover all latex injection ports on IV tubing/IV bag with non-latex tape to avoid inadvertent injection through them.
11. Deliver medications through latex free needleless caps (most needleless caps such as Clave or Baxter Interlink are latex free – check with manufacturer).
12. Do not use burettes with a latex diaphragm.
13. Do not inject or withdraw fluid through the rubber injection port on the IV container. If medications must be injected into the IV container, remove the cover from the spike port, inject the medication through there, then immediately connect the IV tubing.
14. If possible, use medication in ampules or vials free of latex stoppers. When there is no alternative to a rubber stopper vial, remove the metal ring and stopper if possible and withdraw medication directly from the vial. If it is necessary to puncture the rubber stopper, use a 0.22 micron filter to draw up the solution.
15. Use latex free syringes.
16. If a tourniquet is needed, use one that is latex free, use a barrier between the patient's skin and the tourniquet, or use a latex free glove as a tourniquet.
17. Draw blood in syringes rather than using vacutainer device. Place blood in blood tubes in an area away from the patient (in a different room if possible).
18. Use only 100% silicone foley catheters (silicone coated catheters should NOT be used).

19. Teach patient/family:
 - a. To avoid latex containing products.
 - b. To use medical alert tag.
 - c. To notify all health care providers (including dentists) about his/her latex sensitivity.
 - d. To carry an epinephrine auto-injector if so ordered by his/her physician.
 - e. How to use epinephrine auto-injector.

AFTER CARE:

1. Document in patient's record:
 - a. Patient's sensitivity to latex; past reactions, treatment, response to treatment, any current signs/symptoms of latex sensitivity.
 - b. Procedure performed and patient's response.
 - c. Instructions given to patient/caregiver.
 - d. Patient/caregiver understanding of instructions.
 - e. Communication with physician.