

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VI-106 LATEX ALLERGY	POLICY #: 1143
	VERSION: 2
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DATE APPROVED: 09/29/2017	

PURPOSE: To provide guidelines that will ensure safe and consistent peri-operative care for latex-allergic patients.

POLICY: Safe perioperative care of latex-allergic patients will be implemented to minimize risk of an allergic/anaphylactic reaction to latex.

PROCEDURE:

1. Preoperative assessment of all patients should include questions related to history of possible latex allergy.
2. Patients at risk for latex allergy should be identified. They include those persons with:
 - a. History of chronic care with latex-based products
 - b. Congenital genitourinary abnormalities
 - c. History of multiple reconstructive surgical procedures
 - d. History of intolerance to latex-based products (i.e. balloons, rubber gloves, condoms, dental dams, etc.)
 - e. History of food allergy to tropical fruits (bananas, avocados and kiwis) and stone fruit
 - f. History of intra-operative anaphylaxis of uncertain etiology
3. Latex allergy will be clearly documented in the medical record.
4. Coordination between Anesthesia, Surgeons and Nursing is necessary to provide a latex-safe environment.
5. If scheduling permits, latex allergy patients should be scheduled as the first procedure of the day.

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- 6. Products containing latex will not be used.
- 7. Have epinephrine ready.
- 8. Management of anaphylaxis:
 - a. Diagnosis: Anaphylaxis presents with the clinical triad of hypotension, rash, and bronchospasm. Hypotension is the most common sign and rash may not always be evident. Onset is generally 20-60 minutes after exposure. (IV drug-induced allergic reactions usually occur within 3 minutes).
 - b. Treatment: Treatment of systemic reaction to latex does not differ from treatment of severe IgE-mediated reactions caused by other allergens (see policy VIII-102).

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