

SCREENING TOOL FOR IDENTIFICATION OF LATEX ALLERGY OR HIGH RISK OF LATEX ALLERGY

Name:.....NHS Number if applicable.....
Date of Birth..... Date of Assessment.....

Service User or Staff Member (Delete as applicable)

1. Does the person have any history of allergic reactions (Type 1) after contact with latex/natural rubber?

Yes No

2. Does the person have any history of delayed hypersensitivity problems (type IV) after contact with latex/natural rubber?

Yes No

Does any of the following apply to the person:

3. Please record response below each statement

- Spina bifida or other nephro-urological or neurological congenital problems, or other conditions requiring multiple surgeries or interventional procedures, particularly if from early childhood
- Allergic reaction during medical/dental procedure (e.g. urological, dental, cardiological procedures, surgeries, dental, renal or pelvic examinations, other)
- Occupation involving frequent use of latex gloves or contact with rubber products
- Is the person likely to come into contact with latex or rubber gloves, balloons, condoms, rubber pillows, rubber mattress covers, elasticated dressings, supports and bandages, adhesives, rubber bands, barrier contraceptives, hot water bottles, elasticated waistbands/underwear and socks or have a history of sensitivity to any of these?
- Food Allergy to any of the following: avocado; banana; kiwi; chestnut, apples, celery, cherries, figs, grapes, ragweed, strawberries, tomatoes.

SAMPLE - DO NOT USE

4. Allergic Reactions (Type 1) experienced by the person

Please tick all that apply

- urticaria (hives) or swelling
- itchy-runny nose and sneezing; red-itchy-watery eyes
- shortness of breath, cough, wheeze
- abdominal cramps, nausea, vomiting, diarrhoea
- mouth/tongue/throat tingling, itching, swelling
- anaphylaxis (severe life-threatening generalized or systemic hypersensitivity reaction with rapidly developing airway and/or breathing and /or circulation problems, usually associated with skin or mucosal changes)

5. Delayed hypersensitivity reactions (type IV) experienced by the person

Please tick all that apply to skin exposed to latex-containing products

- Dry skin
- Redness
- Itching
- Rash
- Cracking
- Chapping
- Scaling
- Excoriation
- Weeping
- Blistering
- Breathlessness
- Hives
- Hayfever

Outcome

- If answered **NO TO ALL QUESTIONS**: Person unlikely to have latex allergy No further action required.
- If **STAFF** answers yes to any question, refer to Occupational Health for assessment.
- If **Patient** answers yes to any of Question 1, 3 or 4, they may have Latex allergy and should be managed as per section 6.
- If **Patient** answers yes to any of Question 2, 3 or 5, they may have delayed hypersensitivity (Type 1V) to Latex and should be managed as per section 3.2.

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|---------------------------|--|-------------|--|
| Assessor's Signature | | Designation | |
| Assessor's Name (printed) | | Date | |