Using the care pathway

The Royal College of Paediatrics and Child Health (RCPCH) care pathway for latex allergies is presented in two parts: an algorithm with the stages of ideal care and a set of competences required to diagnose, treat and optimally manage children with a latex allergy. The algorithm has numbers which correspond to the competences outlined within the body of the document. These competences have not been assigned to specific health professionals or settings in order to encourage flexibility in service delivery. Each pathway has a set of core knowledge documents of which health professionals should be aware. These documents are the key clinical guidance that inform the pathways.

We recommend that this pathway is implemented locally by a multidisciplinary team with a focus on creating networks between staff in primary and community health care, social care, education and hospital based practice to improve services for children with allergic conditions. All specialists should have paediatric training in line with the principles outlined in the Department of Health Children's National Service Framework - particularly standard 3 which states that staff training should reflect the common core of skills, knowledge and competences that apply to staff who work with children and young people.

For the purposes of the RCPCH care pathways children is an inclusive term that refers to children and young people between the ages of 0-18 years. It is important to recognise that, while the RCPCH latex allergy pathway is linear, entry can occur at any part in the pathway.

Further information regarding the RCPCH allergy care pathways can be downloaded at: www.rcpch.ac.uk/allergy.
Life threatening/severe  
Mild-moderate immediate  
Delayed/Contact Dermatitis

Self Care (1)
- Recognition that symptoms may be due to latex
- Stop exposure to latex
- Early administration of symptomatic treatment
- Seek advice from a health care professional

Health Care Professional (2)
- Recognition that symptoms may be due to latex
- Stop exposure to latex and manage in a latex free environment until diagnosis confirmed
- Early administration of symptomatic treatment
- Onward referral

Medical Care
- Allergy focussed clinical history and examination
- Confirm trigger and distinguish between immediate and delayed reactions
- Basic and specialised investigations
- Risk assessment, consider cross reacting food allergens
- Assess and optimise management of other allergies/atopic disease
- Provide emergency management package
  - latex avoidance advice
  - appropriate emergency medication
  - training for the use of emergency medication
  - patient group information
  - recommend medical identity talisman
- Communication (e.g. health care providers, schools and early years setting)
- Patient/parent/carer support and minimising impact on quality of life
- Onward referral, (consider immunotherapy), if required

School and early years settings care (SEYS) (11)
- SEYS liaison
- Train in recognition of anaphylaxis and avoidance of identified trigger, including risk assessment
- Provide training in the use emergency medication

Provide follow-up care (12)
- Review of diagnosis and update avoidance advice
- Update emergency treatment plan
- Repeat SEYS training

Notes:
1. The colours on the pathway and competence table correspond to the modified Scottish Intercollegiate Guidelines Network SIGN grade:
   - GRADE A  
   - GRADE B  
   - GRADE C  
   - GRADE D  
   - CLINICAL PRACTICE GUIDELINE  
   - GOOD PRACTICE POINT
2. The numbers on the pathway correspond to the competences required to provide care - these are on the following pages
3. Links to the references can be found within the competence statements
Definition and scope

Latex allergy is defined as an immune mediated reaction to latex products (e.g. sporting equipment, balloons, contact dermatitis for gloves, condoms, surgical catheters); these encompass immediate and delayed hypersensitivity reactions. This pathway focuses on immediate reactions.

Core knowledge document

No core knowledge documents were identified for managing children with latex allergies.

Competences

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<tr>
<th>Ref</th>
<th>Pathway stage</th>
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<tbody>
<tr>
<td>1</td>
<td>Self care</td>
<td>Be able to</td>
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<tr>
<td></td>
<td></td>
<td>• recognise that symptoms may be caused by exposure to latex and to remove/avoid latex</td>
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<td></td>
<td>• administer treatment to relieve symptoms (e.g. antihistamine, topical steroid)</td>
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<td></td>
<td>• seek advice from a health care professional</td>
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<td>2</td>
<td>Health care professional</td>
<td>Know</td>
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<tr>
<td></td>
<td></td>
<td>• the symptoms and signs of latex allergy</td>
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<td></td>
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<td>Be able to</td>
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<tr>
<td></td>
<td></td>
<td>• recognise that symptoms may be caused by latex and advise to remove and avoid latex completely until a diagnosis has been confirmed</td>
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<td>• administer treatment in a latex free environment according to local policy</td>
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<tr>
<td></td>
<td></td>
<td>• administer treatment to relieve symptoms (e.g. antihistamine, topical steroid)</td>
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<td></td>
<td>• refer to an appropriate clinic for further investigations and advice</td>
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<td>Ref</td>
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| 3   | Assessment and management – history and examination, identify trigger | **Know**  
- the different presentations of IgE and non IgE mediated latex allergy and its pathogenesis  
- about routes of exposure, risk factors, natural history, aetiology and clinical sequelae of latex allergy  

**Be able to**  
- take an allergy focused clinical history and examination (13)  
- investigate latex allergy using SPT, measurement of specific IgE and provocation tests  
- differentiate between IgE mediated, non IgE mediated reactions |
| 4 5 | Specialised assessment and management – basic / specialised investigations | **Have access to:**  
- sufficient facilities, practical skill and knowledge to undertake and interpret basic investigations including  
  - skin prick testing (14)  
  - measurement of serum specific IgE in an appropriately accredited laboratory  
  - latex provocation tests in a safe and controlled environment  
  - appropriate quality control through guidelines and standard operating procedures to ensure the clinical competence of staff conducting SPT and latex provocation tests  

**Know**  
- relationship between sensitisation and clinical allergy  
- performance (sensitivity and specificity) of tests for sensitisation to latex  

**Be able to**  
- take an allergy focused clinical history and examination  
- investigate latex allergy using SPT, measurement of specific IgE, and provocation tests  
- differentiate between IgE mediated, non IgE mediated reactions  
- interpret the results of investigations in the context of the clinical history |
| 5   | Specialised assessment and management – risk assessment, cross reactivities | **Know**  
- the natural history of latex allergy  
- that some latex reactions are potentially high risk  

**Be able to**  
- recognise and identify the cross reacting latex allergens in common foods (e.g. banana, kiwi fruit) and advise patients appropriately  
- advise the patient/parent/carer about high risk situations, including surgery, dental procedures  
- provide the patient/parent/carer with a reasonable risk assessment indicating the likelihood of further reactions and the need for safe alternatives |
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| 6   | **Specialised assessment and management** – assess and optimise | Know  
  - the spectrum of atopic disease  
Be able to  
  - assess and initiate the management of patients presenting with allergic conditions |
| 7   | **Specialised assessment and management** – emergency management package | Be able to provide an emergency management package that includes:  
  - a verbal and written emergency treatment plan for accidental reactions that includes  
    - contact details  
    - latex avoidance advice  
    - advice on recognising symptoms  
    - guidance when to use each medication during a reaction  
    - age, language and psychosocially appropriate information sources  
  - appropriate emergency medication based on risk assessment (refer to box 5).  
  - training in the use of emergency medication  
  - provision to review the management plan  
  - repetition of training  
  - inform patient and families about the process and appropriate timing for obtaining a medical alert talisman (e.g. medical identity bracelet)  
Know  
  - how anaphylaxis may impact on different aspects of daily life of the patient and family  
  - what resources are available locally and nationally to support patients and their families e.g. Anaphylaxis Campaign (15), Latex Allergy Support Group (16)  
Be able to  
  - provide support to patients to help minimise the impact of anaphylaxis on quality of life through education, ongoing access for patient queries  
  - provide details of resources including patient charities, websites and local support groups as well as psychosocial support if required  
  - provide age and culturally appropriate verbal and written information about anaphylaxis |
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| 8   | Specialised assessment and management – communication | **Know**  
  - the importance of effective communication with the entire network of agencies and individuals involved in the child’s care including primary care, community paediatrics, schools and early years settings (SEYS)  
  **Be able to**  
  - provide written communication to patients, parents and carers, primary care, other health care professionals (including school nurses), SEYS and, where necessary, social services according to local policy |
| 9   | Specialised assessment and management – minimise impact on quality of life | **Know**  
  - how latex allergy may impact on different aspects of daily life and medical care decisions for the patient, family and health care professionals  
  - what resources are available locally and nationally to support patients and their families e.g. Anaphylaxis Campaign (15), Latex Allergy Support Group (16).  
  **Be able to**  
  - explore and manage child/young person’s expectations and concerns about conditions and relevant treatments  
  - ensure age and culturally appropriate education at each contact point  
  - provide support to patients to help minimise the impact of latex allergy on quality of life  
  - provide details of different types of resources, including patient charities, websites and local support groups, as well as psychosocial support, if required |
| 10  | Further assessment and management – onward referral | **Know**  
  - the indications for referral for further investigations  
  - where immunotherapy may be useful and refer to an appropriate specialist |
| 11  | Specialised assessment and management – schools and early years settings (SEYS) | **Have**  
  - liaison with SEYS  
  **Be able to:**  
  - advise SEYS on the provision of rescue treatment  
  - train SEYS personnel (e.g. Be AllergyWise - Training for school nurses (17))  
  – risk assessment of environment  
  – on avoidance of identified trigger(s) and avoidance of triggers  
  – to be able to use emergency medication when appropriate  
  - repeat training annually |
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<tr>
<td>12</td>
<td>Follow up care</td>
<td>Know</td>
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<tr>
<td></td>
<td></td>
<td>• the natural history of latex allergy</td>
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<td>Be able to</td>
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<td></td>
<td>• review diagnosis and update avoidance advice</td>
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<td></td>
<td>• update emergency treatment plan</td>
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<tr>
<td></td>
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<td>• repeat SEYS training</td>
</tr>
</tbody>
</table>
References

1. Drug Allergy Care Pathway: Self Care.
2. Drug Allergy Care Pathway: Health Care Professional.
3. Care Pathway: Assessment and Management - History and Examination, Identify Trigger.
4. Care Pathway: Specialised Assessment and Management - Basic Investigations.
5. Care Pathway: Specialised Assessment and Management - Risk Assessment, Cross Reactivities.
6. Care Pathway: Specialised Assessment and Management - Assess and Optimise.
8. Care Pathway: Specialised Assessment and Management - Communication.
9. Care Pathway: Specialised Assessment and Management - Minimise Impact on Quality of Life.
10. Care Pathway: Further Assessment and Management - Onward Referral.
11. Care Pathway: Specialised Assessment and Management - Schools and Early Years Settings (Seys).
12. Care Pathway: Follow up Care.