Because children who have SB are prone to develop sensitivity to latex, reducing exposure from birth onward may decrease the chance of allergy development. Nonlatex products lists are available to parents and health care workers; these products may be substituted for those containing latex. In the health care arena, it is important to use products with the lowest potential risk of sensitizing patients and staff members.*

The identification of those sensitive to latex is best accomplished through careful screening of all patients. During the health interview with the parent or child, ask *all* patients, not only those at risk, about sensitivity to latex. Be certain this is a routine part of all preoperative and preprocedural histories. Stress the importance of the allergy history to all personnel (e.g., phlebotomists). (See the Nursing Care Guidelines box for questions related to latex allergy.) Children with latex hypersensitivity should carry some form of allergy identification, such as a Medic-Alert bracelet. Education programs regarding latex hypersensitivity are aimed at those who care for high-risk groups, such as children with SB, and may include relatives, school nurses, teachers, child care workers, and babysitters. In addition to educating caregivers about the child's exposure to medical products that contain latex, nurses need to inform them of common nonmedical latex objects, such as water toys, pacifiers, and plastic storage bags.* Items brought to the hospital, such as floral bouquets, should also be screened for latex toys and balloons. Parents should also receive literature explaining signs and symptoms of latex hypersensitivity and appropriate emergency treatment (see Anaphylaxis, Chapter 23).

Spinal Muscular Atrophy, Type 1 (Werdnig-Hoffmann Disease)

Spinal muscular atrophy (SMA) type 1 (Werdnig-Hoffmann disease) is a disorder characterized by progressive weakness and wasting of skeletal muscles caused by degeneration of anterior horn cells. It is inherited as an autosomal recessive trait and is the most common paralytic form of the **floppy infant syndrome (congenital hypotonia)**. The sites of the pathologic condition are the anterior