

# Health Bulletin



## Slow Progress In Legislating Emergency Treatment Of Anaphylaxis

(NAPSA)—The great majority of states do not allow medical professionals who are first to the scene the one tool they need to save someone suffering from anaphylaxis, a potentially fatal allergic reaction to food, insect stings, latex or medication. An emergency injection of epinephrine can buy time to get to the emergency room. But, depending on where someone lives, people need to be aware that calling 911 for anaphylaxis may mean emergency medical personnel will arrive unequipped to help.

Just twelve states have had laws permitting EMTs and/or school nurses to use self-injectable epinephrine, such as an EpiPen® epinephrine auto-injector, that normally is carried by a patient diagnosed as being at risk for anaphylaxis. California now joins Connecticut, Florida, Louisiana, Massachusetts, New York, North Dakota, Oregon, Rhode Island, Tennessee, Texas, Washington and Wyoming as the most recent state to address the problem. The California legislation is instrumental in ensuring safety at school for severely allergic children, faculty and staff and educating emergency personnel about this condition.

### Higher Prevalence

Often a first attack is the last. Severe reactions to food, insect stings, latex or medications are more prevalent than previously thought and can't always be anticipated. A recent study in the *Archives of Internal Medicine* revealed that as many as 40.9 million Americans may be at risk for severe allergies or anaphylaxis, a substantial increase over the number of people previously thought to be at risk.

Why is the incidence of anaphylaxis increasing? Experts spec-

ulate that early introduction of foods may trigger reactions in the more than two million children less than three years of age who have severe food allergies. The risk of anaphylaxis due to insect stings is growing as fire ants and Africanized honey bees spread across the United States. Latex allergy has become more prevalent among medical professionals in recent years, largely due to policies requiring use of latex gloves to prevent transmission of HIV and other diseases.

---

**Calling 911 for anaphylaxis may mean emergency medical personnel will arrive unequipped to help.** 

---

Until now, self-injectable epinephrine was given only under specific written orders from a physician. This limitation restricted school nurses from emergency administration of the life-saving medication to children, faculty or staff suffering an unexpected allergic attack. Under the new California law, a physician can write a standing order to furnish a school with the necessary epinephrine auto-injector units to provide medical aid in the event of an emergency. The law also requires school nurses or other personnel to be trained to identify the symptoms of anaphylaxis and properly administer the drug. Schools electing to use epinephrine auto-injectors will be responsible for the cost of regular training and for the auto-injectors.

### California EMTs Hampered

While California lawmakers have secured epinephrine in

schools, legislation regarding EMTs lags further. California EMTs, along with emergency personnel in the majority of states, are not uniformly allowed to carry and administer epinephrine. As such, EMTs may not be equipped to treat a patient suffering from anaphylaxis.

Anaphylaxis can happen at any time. Symptoms may include flushing, swelling, wheezing and shortness of breath; onset usually occurs within seconds of exposure to an allergen. Because epinephrine must be administered immediately to effectively treat the symptoms of anaphylaxis, it is critical that medical personnel be ready to act quickly and responsibly in emergency situations where seconds count.

While epinephrine is indicated in the emergency treatment of allergic reaction or anaphylaxis, it ordinarily is administered with extreme caution to patients who have heart disease. Side effects of epinephrine may include increase or decrease in heart rate, vomiting, and breathing difficulty. Anyone employing this life-saving medication must undergo careful instruction by a physician about the circumstances under which it is used.

That includes EMTs and school nurses, who should be enabled to handle such emergencies in every state. The increase in incidence underscores the need for anaphylaxis awareness, prevention and treatment. Legislation must be enacted state-by-state to provide crucial emergency protection to all individuals with severe allergies. If your state does not allow EMTs and/or school nurses to use an epinephrine auto-injector, contact your state legislators and ask why.