

WMS endorses emergency treatment of anaphylaxis by trained non-medical professionals

28 September 2010

The Epinephrine Roundtable was convened during the 25th Annual Meeting of the Wilderness Medical Society (WMS) in 2008 to explore areas of consensus and uncertainty in the field treatment of anaphylaxis. The panel endorsed the administration of epinephrine to treat anaphylaxis in the field under emergency conditions by trained non-medical professionals. Anaphylaxis, an acute allergic reaction, is sudden in onset and requires immediate treatment. The recommendations of the panel are published in the September issue of *Wilderness & Environmental Health*.

There are approximately 150 recognized anaphylactic deaths from food allergies or insect stings per year in the United States. For decades, established schools in outdoor education have been carrying epinephrine into the field to treat the rare but potentially life-threatening condition of anaphylaxis. Recently, the legality of this practice has been questioned. Is it legal for a physician to write a prescription for an organization rather than a specific individual? Moreover, is it legal for a non-medical professional with first-aid training to administer epinephrine, an injected medication, in a medical emergency? The law on these questions varies state by state.

WMS Epinephrine Roundtable participants, with expertise in multiple facets of wilderness medicine, issued the following position statement:

The field treatment of anaphylaxis with injected epinephrine can be a life-saving procedure. This is true especially when access to standard medical care will be delayed due to weather or geography. We therefore support the concept that properly trained, non-medical professionals, whose work responsibilities require them to provide emergency medical care, be trained to appropriately administer epinephrine for the treatment of anaphylaxis.

Furthermore, WMS advises organizations that choose this expanded scope of practice for non-medical staff to consult with legal counsel and encourages these organizations with responsibility for students at risk for anaphylaxis, for example children with asthma or food allergies, to require such students to carry personal epinephrine auto-injectors.

"In time, legislative change on the federal level should establish uniform protection in all 50 states," according to consensus panel participants. "It may take parents who have lost a child to anaphylaxis because epinephrine was not available to push through changes in state and federal laws, as happened in the Canadian school system with Sabrina's Law."

These practice guidelines also feature recommendations for an organization's operating procedures and staff training curriculum, sample protocols from three outdoor schools on the field use of [epinephrine](#), and an edited transcript of the roundtable discussion.

More information: The article is "Recommendations on the Use of Epinephrine in Outdoor Education and Wilderness Settings" by Flavio Gaudio, MD, Jay Lemery, MD, and David Johnson, MD. It appears in *Wilderness & Environmental Medicine*, Volume 21/Issue 3 (September 2010) [www.wemjournal.org/article/S10... \(10\)00202-4/fulltext](http://www.wemjournal.org/article/S10... (10)00202-4/fulltext)

Provided by Elsevier

APA citation: WMS endorses emergency treatment of anaphylaxis by trained non-medical professionals (2010, September 28) retrieved 17 October 2022 from <https://medicalxpress.com/news/2010-09-wms-endorses-emergency-treatment-anaphylaxis.html>

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