

**Senate Education Committee
Testimony on HB 221
Austin, Texas**

**Janet Realini, MD, MPH
Texas Medical Association
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Members of the Committee and Chairman Shapiro:

Thank you for the opportunity to address your Committee today. I am Dr. Janet Realini, a family physician in San Antonio, and I'm here today on behalf of the Texas Medical Association. I would like to speak in support of SB 221 regarding the possession and self-administration of certain prescription medications by public school students while on school property or at a school-related event or activity.

As a primary care physician I would like to speak to the potential serious consequences of anaphylaxis resulting from severe allergic reactions. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. Common symptoms include: hives; itching; swelling, red, watery eyes; runny nose; vomiting; diarrhea; stomach cramps; change of voice; coughing; wheezing; throat tightness or closing; difficulty swallowing; difficulty breathing; sense of doom; dizziness; fainting or loss of consciousness; and change of color.

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise.

It is estimated that 1% to 2% of the general population is at risk for anaphylaxis from food allergies and insect stings, with a lower reported prevalence for drugs and latex. People with asthma are at particular risk. Approximately 50 anaphylactic deaths caused by insect stings and 100 food-related anaphylactic deaths are recognized each year in the US.

The most important aspect of the management of patients with life-threatening allergies is avoidance. In the event of contact with the offending allergen, epinephrine (adrenaline), administered by means of subcutaneous or intramuscular injection, is the treatment of choice for anaphylaxis. Other medications, such as antihistamines, inhaled asthma medications, or steroids, that subsequently may be given by physicians in treating anaphylaxis should not be regarded as first-line medications. It is imperative that epinephrine be recognized as the drug of choice and that all efforts be directed toward its immediate use. Data clearly show that fatalities more often occur away from home and

are associated with either not using epinephrine or a delay in the use of epinephrine treatment.

Epinephrine is the first drug that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. Epinephrine injection is available in a number of self-administration delivery devices, such as Epi-Pens. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. In children who have had anaphylactic reactions, it is recommended that epinephrine be given at the start of any reaction occurring in conjunction with exposure to a known or suspected allergen. In situations where there has been a history of a severe cardiovascular collapse to an allergen, it is recommended that epinephrine be administered immediately after an insect sting or ingestion of the offending food and before any reaction has begun. Reports have shown that adequate warning signs are not always present before serious reactions develop. Children deemed capable to self-administer epinephrine should carry their own kits. Written authorization from the physician and parent or guardian should be provided to the school as mandated by the proposed legislation.

In closing, it is extremely important that children with potential life-threatening allergies and conditions have immediate availability to epinephrine to avoid serious injury and death. The physicians of this state, and the over 40,000 members of the TMA thank you for your work in promoting the education, health and safety of our Texas children.

Thank you.