

# INSURING HEROES

## Quick-Thinking School Nurse Takes Risk To Save Life Of Teen Suffering Anaphylactic Attack

(NAPS)—School nurse Cathy Owens, R.N., is an anaphylaxis hero. She spends most of her days at Murrieta Valley High School in southern California contending with skinned knees and fevers. However, since May 1997, when Ms. Owens saved a 16-year-old student from suffocation due to a type of acute allergic reaction called anaphylaxis, she has also led a crusade to equip schools properly for treating students suffering from unexpected anaphylactic attacks.

Her crusade began when Corey Lohman, a Murrieta sophomore, suffered a respiratory crisis in the student health office. "He was in distress—he couldn't speak and was grasping at his neck. I knew his throat was closing and that he was in such severe crisis he wouldn't survive until the ambulance reached him," said Ms. Owens, who has been a school nurse for ten years.

### Anaphylaxis Kills

Corey experienced what is known as anaphylaxis, an allergic reaction that can kill within minutes, either through swelling that shuts off airways or through a fatal drop in blood pressure. Ms. Owens knew there was an epinephrine auto-injector in the student health office reserved for another student who was at risk for severe allergic reactions. Aware that epinephrine (also called adrenaline) could be given in an emergency to offset anaphylaxis, Ms. Owens administered it to Corey. The epinephrine opened Corey's breathing passages and allowed time for him to be transported to the emergency room. "If we hadn't had another student's epinephrine auto-injector in the office, Corey probably wouldn't have survived," Ms. Owens said.

Unfortunately, in using another student's prescribed epinephrine to help Corey, Ms. Owens acted against the law. Not only do nurses require a physician's order to administer any prescription medication, but federal law prohibits dispensing medication to someone other than for whom it was prescribed.

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Still, Ms. Owens explains, "We as R.N.s are trained to respond to emergency situations, including respiratory crises, and we're also trained that epinephrine can alleviate an anaphylactic crisis. In this situation, my decision was easy because a student's life had to take precedence over any consequences I would face as a result of breaking the law."

After this first episode, Corey received a prescription from his doctor for an EpiPen® epinephrine auto-injector, learned to administer it in an emergency and carried one with him at all times. The school kept another EpiPen® epinephrine auto-injector for him in the student health office. During two additional episodes of anaphylaxis that Corey experienced at school, a school nurse administered it to Corey before he was taken by ambulance to a hospital.

### Nurse Commended

Because Ms. Owens acted outside the law in saving Corey's life, the California Board of Registered Nursing investigated Ms. Owens. In the end, the Board commended her for her "resourceful response to a life-threatening emergency" and formed an advisory committee on school nurses to address the need for basic emergency supplies in the schools.

Judy Robinson, executive director of the National Association of School Nurses, said that Ms. Owens' experience exemplifies the importance of having nurses on-site in schools. "School nurses are trained to recognize and treat medical emergencies, such as anaphylaxis, that other school staff may not be equipped to handle."

Usually, anaphylaxis occurs in reaction to an identifiable allergic trigger, such as food, insect stings, medication, latex and, in rare cases, exercise.

An immediate injection of epinephrine followed by emergency medical attention is the standard emergency treatment for anaphylaxis. Epinephrine can reverse the symptoms of anaphylaxis, which can include hives, swelling of the throat, lips or tongue, and difficulty breathing or swallowing. Side effects of epinephrine may include palpitations, tachycardia (an abnormally fast heartbeat), sweating, nausea and vomiting, and respiratory difficulty. Cardiac arrhythmias may follow administration of epinephrine. Patients should be carefully instructed by a physician about the circumstances under which this life-saving medication should be used.

"Once parents of children at risk for anaphylaxis learn about epinephrine, they often go right to their doctor for a prescription for multiple units of epinephrine auto-injectors: one to keep with the child, one for the home and one for school," said Ms. Owens, who is involved in educational efforts to raise awareness of the benefits of epinephrine for at-risk children.

### Increased Prevalence

A study recently published 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. There is speculation about why incidence is increasing. More than two million children younger than three years old have severe food allergies, which some experts attribute to early introduction of foods that may trigger reactions. In addition, 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. The increase in incidence underscores the need for anaphylaxis awareness and prevention.