Introduced by: Medical Student Section
Subject: Supporting Emergency Anti-Seizure Interventions
Referred to: Reference Committee K

Whereas, over 3 million Americans live with active epilepsy, placing them at risk for status epilepticus and sequelae such as cognitive and psychiatric impairment or even death\(^1\)-\(^2\); and

Whereas, lack of recognition of and rapid intervention for status epilepticus as a neurological emergency outside the hospital delays treatment and increases morbidity and mortality\(^2\)-\(^6\); and

Whereas, the Food and Drug Administration approved intranasal midazolam and intranasal diazepam in 2019 and 2020 as effective emergency interventions for status epilepticus, which may improve care due to their easy administration by nonmedical caregivers (especially when patients cannot swallow or when rectal administration is difficult in public), rapid onset compared to oral medication, high bioavailability, safety, and reduction of stigma\(^7\)-\(^8\); therefore be it

RESOLVED, that our American Medical Association support efforts in the recognition of status epilepticus and bystander intervention trainings New HOD Policy); and be it further

RESOLVED, that our AMA encourage physicians to educate patients and families affected by epilepsy on status epilepticus and work with patients and families to develop an individualized action plan for possible status epilepticus, which may include distribution of home pharmacotherapy for status epilepticus, in accordance with the physician’s best clinical judgment. (New HOD Polic)

Fiscal Note: Minimal - less than $1,000

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REFERENCES
RELEVANT AMA POLICY

H-130.938 Cardiopulmonary Resuscitation (CPR) and Defibrillators
Our AMA: (1) supports publicizing the importance of teaching CPR, including the use of automated external defibrillation; (2) strongly recommends the incorporation of CPR classes as a voluntary part of secondary school programs; (3) encourages the American public to become trained in CPR and the use of automated external defibrillators; (4) advocates the widespread placement of automated external defibrillators, including on all grade K-12 school campuses and locations at which school events are held; (5) encourages all grade K-12 schools to develop an emergency action plan for sudden cardiac events; (6) supports increasing government and industry funding for the purchase of automated external defibrillator devices; (7) endorses increased funding for cardiopulmonary resuscitation and defibrillation training of community organization and school personnel; (8) supports the development and use of universal connectivity for all defibrillators; (9) supports legislation that would encourage high school students be trained in cardiopulmonary resuscitation and automated external defibrillator use; (10) will update its policy on cardiopulmonary resuscitation and automated external defibrillators (AEDs) by endorsing efforts to promote the importance of AED use and public awareness of AED locations, by using solutions such as integrating AED sites into widely accessible mobile maps and applications; (11) urges AED vendors to remove labeling from AED stations that stipulate that only trained medical professionals can use the defibrillators; and (12) supports consistent and uniform legislation across states for the legal protection of those who use AEDs in the course of attempting to aid a sudden cardiac arrest victim. [CCB/CLRPD Rep. 3, A-14; Appended: Res. 211, I-14; Modified: Res. 919, I-15; Appended: Res. 211, I-18; Modified: Res. 418, A-23]

D-60.976 Childhood Anaphylactic Reactions
Our AMA will: (1) urge all schools, from preschool through 12th grade, to: (a) develop Medical Emergency Response Plans (MERP); (b) practice these plans in order to identify potential barriers and strategies for improvement; (c) ensure that school campuses have a direct communication link with an emergency medical system (EMS); (d) identify students at risk for life-threatening emergencies and ensure these children have an individual emergency care plan that is formulated with input by a physician; (e) designate roles and responsibilities among school staff for handling potential life-threatening emergencies, including administering medications, working with EMS and local emergency departments, and contacting families; (f) train school personnel in cardiopulmonary resuscitation; (g) adopt the School Guidelines for Managing Students with Food Allergies distributed by FARE (Food Allergy Research & Education); and (h) ensure that appropriate emergency equipment to deal with anaphylaxis and acute asthmatic reactions is available and that assigned staff are familiar with using this equipment; (2) work to expand to all states laws permitting students to carry prescribed epinephrine or other medications prescribed by their physician for asthma or anaphylaxis; (3) support increased research to better understand the causes, epidemiology, and effective treatment of anaphylaxis; (4) urge the Centers for Disease Control and Prevention to study the adequacy of school personnel and services to address asthma and anaphylactic emergencies; (5) urge physicians to work with parents and schools to ensure that all their patients with a food allergy have an individualized emergency plan; and (6) work to allow all first responders to carry and administer epinephrine in suspected cases of anaphylaxis. [CSAPH Rep. 1, A-07; Modified: CCB/CLRPD Rep. 2, A-14]

H-440.884 Food Allergic Reactions in Schools and Airplanes
Our AMA recommends that all: (1) schools provide increased student and teacher education on the danger of food allergies; (2) schools have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the school administration be trained and certified in the indications for and techniques of their use; and (3) commercial airlines have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the flight staff, such as the head flight attendant, be trained and certified in the indications for and techniques of their use. [Res. 415, A-04; Reaffirmed: CSAPH Rep. 1, A-14]