



EMERGENCY NURSES
ASSOCIATION

Maryland State Council

Safe Practice, Safe Care.

To: Maryland Ways and Means Committee
House Office Building
Annapolis, MD 21401

From: Maryland State Council of the Emergency Nurses Association

Date: February 8, 2023

Re: HB 266 Public and Nonpublic Schools-Bronchodilator and Epinephrine Availability and Use-Policies

Good day Chairman Atterbeary, Vice Chair Wilkins, and Committee members,

The Maryland Emergency Nurses Association is opposed to HB 266 Public and Nonpublic Schools-Bronchodilator and Epinephrine Availability and Use-Policies for several reasons:

Nurses are licensed, trained, and knowledgeable in emergency medications and the indications and contraindication for administering these medications. This knowledge can make the difference between good outcomes or poor outcomes for children, and even life or death.

- Nurses know that epinephrine and bronchodilators are in two different drug classes, and that they are used for different reasons and at different times during a specific type of respiratory emergency.
- Nurses know that the drug of choice for a patient experiencing anaphylaxis is epinephrine, which stimulates α - and β -adrenergic receptors.
- Nurses know that epinephrine treats both anaphylaxis and asthma.
- Nurses know that bronchodilators, such as albuterol, are selective β 2 adrenergic receptor agonists, that open the medium and large airways in the lungs. Bronchodilators relax smooth muscles and prevent bronchospasms in asthmatics.
- Nurses know that unlike epinephrine, bronchodilators do not prevent or relieve low blood pressure, shock, or swelling in the upper airway.
- Nurses know that bronchodilators should not be substituted for epinephrine.

- Nurses know how to do no harm, and to give the right medication, at the right dosage, at the right time, by the right route, for the right reason.
- Only licensed health care professionals who are trained to recognize and respond to emergencies, and who are trained in pharmacology should be permitted to administer bronchodilators. They are trained to know drug indications for use, how to administer the drugs, and to know what potential side effects to watch for when monitoring the patient after administration. Only licensed healthcare professionals, such as nurses, physicians, and paramedics are qualified to make an assessment and determine which drug should be administered in anaphylaxis vs. asthma vs. airway obstruction vs. another type of respiratory emergency.
- When a child is in respiratory distress in school, 911 should be called, as well as the licensed healthcare professional on site so the child's immediate and long-term medical care needs can be addressed.
- If more School Nurses are needed to care for Maryland children, then more nurses should be hired.

While the Maryland Emergency Association endorses current school protocols that require the use of epinephrine when a child has an undiagnosed respiratory emergency, we do not support unlicensed personnel administering bronchodilators. Please vote unfavorably on HB 266. There are better and safer ways to treat asthmatic children in schools than those set forth in HB 266.

Sincerely,

Lisa Tenney

Lisa Tenney, BSN, RN, CEN, CPHRM, FAEN
Chair, Government Affairs Committee
Maryland State Council Emergency Nurses Association
lctenney@gmail.com
240-731-2736

Resources:

American Heart Association. 2020. Advanced Cardiac Life Support Provider Manual.
American Heart Association. 2020. Advanced Pediatric Life Support Provider Manual.