

NEW HAMPSHIRE Patient Care Protocols

First Responder
EMT-Basic
EMT-Intermediate
EMT-Paramedic



Approved by the Medical Control Board
January 2011

ADRENAL INSUFFICIENCY—ADULT/PEDIATRIC**2.0**

Adrenal insufficiency results when the body does not produce the essential life-sustaining hormones cortisol and aldosterone, which are vital to maintaining blood pressure, cardiac contractility, and water and salt balance.

Adrenal insufficiency can be caused by a number of conditions:

- ▶ Congenital or acquired disorders of the adrenal gland.
- ▶ Congenital or acquired disorders of the pituitary gland.
- ▶ Long-term use of steroids (COPD, asthma, rheumatoid arthritis, and transplant patients).

Acute adrenal insufficiency can result in refractory shock or death in patients on a maintenance dose of hydrocortisone (SoluCortef)/prednisone who experience illness or trauma and are not given supplemental doses of dose of hydrocortisone.

A "stress dose" of hydrocortisone should be given to patients with known adrenal insufficiency who have the following illnesses/injuries:

- ▶ Shock (any cause).
- ▶ Fever >100.4°F and ill-appearing.
- ▶ Multi-system trauma, drowning.
- ▶ Environmental hyperthermia or hypothermia.
- ▶ Multiple long-bone fractures.
- ▶ Vomiting/diarrhea accompanied by dehydration.
- ▶ Respiratory distress.
- ▶ 2nd or 3rd degree burns >5% BSA.
- ▶ RSI (Etomidate may precipitate adrenal crisis).

BASIC STANDING ORDERS**B**

- ▶ Routine Patient Care.
- ▶ Identify and treat the underlying condition.
- ▶ Consider paramedic intercept.

INTERMEDIATE STANDING ORDERS**I**

- ▶ Assist the patient/caregiver in giving the patient his or her own medications, as prescribed.

PARAMEDIC STANDING ORDERS**P**

- ▶ Adult: History of adrenal insufficiency: give hydrocortisone 100mg IV, IM, or IO.
- ▶ Pediatric: History of adrenal insufficiency: give Solu-Cortef 2mg/kg, to a maximum of 100mg IV, IM, or IO.

NOTE: Look for medical alert jewelry, emergency injection kit, or doctor's orders that identify the patient as adrenally insufficient. Ask family members or caregivers for history.

The New Hampshire Bureau of EMS has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. These protocols MAY NOT BE altered or modified.

2011 APPROVED MEDICATION LIST FOR NEW HAMPSHIRE EMS PROVIDERS

GENERIC NAME	COMMON TRADE NAMES
ACETAMINOPHEN	TYLENOL
ACTIVATED CHARCOAL	
ADENOSINE	ADENOCARD
ALBUTEROL	PROVENTIL
AMIODARONE	CORDARONE
ASPIRIN	ACETYLSALICYLIC ACID
ATROPINE	
ATROPINE (AUTOINJECTOR)	ATROPEN, ATROPEN JR.
BUMETANIDE	BUMEX
CALCIUM CHLORIDE	
DEXTROSE	GLUCOSE
DIAZEPAM	VALIUM
DILTIAZEM	CARDIZEM, DILACOR, TIAZAC
DIPHENHYDRAMINE	BENADRYL
DOLASETRON	ANZEMET
DOPAMINE	
EPINEPHRINE	
EPINEPHRINE (AUTOINJECTOR)	EPIPEN, EPIPEN JR
ETOMIDATE	AMIDATE
FENTANYL	SUBLIMAZE
FLUMAZENIL	ROMAZICON
FUROSEMIDE	LASIX
GRANISETRON	KYTRIL
GLUCAGON	
HALOPERIDOL	HALDOL
HEPARIN	
HYDROCORTISONE	SOLU-CORTEF
HYDROXOCOBALAMIN	CYANOKIT
IBUPROFEN	MOTRIN
IPRATROPIUM BROMIDE	ATROVENT
KETOROLAC	TORADOL
LEVALBUTEROL	XOPENEX
LIDOCAINE	
LORAZEPAM	ATIVAN
MAGNESIUM SULFATE	
MARK 1 KITS	
METHYLPREDNISOLONE	SOLUMEDROL
METOCLOPRAMIDE	REGLAN

2011 Approved Provider Medication List continued on next page ➔

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