

**WESTERN REGIONAL
EMERGENCY MEDICAL ADVISORY COMMITTEE**

WREMAC



Serving 8 counties of western New York

**ALLEGANY, CATTARAUGUS, CHAUTAUQUA, ERIE,
GENESEE, NIAGARA, ORLEANS, WYOMING**

2011 9-1-1 Protocols

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Medical: ADRENAL CRISIS**EMT**

- ABC and vital signs
- Airway management and appropriate oxygen therapy

EMT STOP**INTERMEDIATE**

- IV access and bloods drawn
- Normal Saline 1 L bolus

INTERMEDIATE STOP**CCT****PARAMEDIC**

- Hydrocortisone 100 mg IV or IO if available;
OR
- Methylprednisolone 125 mg IV or IO

CCT / PARAMEDIC STOP**PHYSICIAN OPTIONS**

- Repeat fluid bolus of 1 L Normal Saline.
- Confirm medical history prior to steroid administration.

Key Points/Considerations

- Adrenal crisis is due to the body's inability to cope with shock due to lack of appropriate cortisol production.
- Adrenal crisis can occur from stress from medical or trauma etiologies.
- Adrenal crisis can present in the following conditions: Congenital Adrenal Hypo/Hyperplasia, Addison's Disease, Adrenal tumors.
- Patients will be on replacement medications (Hydrocortisone, Fluticortisone, Methylprednisolone) on a daily basis.
- Rapid steroid administration in patients with these conditions can be lifesaving.
- Hydrocortisone is preferred medication.
- Patients are often well versed in their condition and input from the patient may be very valuable.
- Patient may have dose of Hydrocortisone on site. EMS may help administer patient's own steroid medication based on protocol.
- This protocol should NOT be used unless patient is CONFIRMED to have one of the above conditions by patient/family or medic alert bracelet/necklace/card.
- There is little risk in steroid administration to these patients, but if any question, contact Medical Control.

Formulary

Generic/Trade name Classification	Reference Page	Indications	Contraindications	Adverse Effects
Glucagon Trade: none Class: Hyperglycemic agent (pancreatic hormone)	28, 31, 56, 59	<ul style="list-style-type: none"> • Alcohol abuse • Beta blocker OD • Hypoglycemia 	<ul style="list-style-type: none"> • Hypersensitivity • Patients with pheochromocytoma 	<ul style="list-style-type: none"> • Tachycardia • Hypertension • N/V
Hydrocortisone Trade: Class: Steroid	33, 60	<ul style="list-style-type: none"> • Adrenal Crisis 	<ul style="list-style-type: none"> • Hypersensitivity 	<ul style="list-style-type: none"> • Hives • Shortness of Breath • Swelling of throat, lips, tongue
Ipratropium Trade: Atrovent Class: Parasympatholytic bronchodilator	53	<ul style="list-style-type: none"> • Asthma • COPD 	<ul style="list-style-type: none"> • Hypersensitivity to atropine 	<ul style="list-style-type: none"> • Blurred vision • Bitter taste • Nausea • Headach
Lorazepam Trade: Ativan Class: Sedative, benzodiazepin	11, 24, 29, 40, 44, 58, 59, 61	<ul style="list-style-type: none"> • Seizure • Pre-TCP • Pre-cardioversion 	<ul style="list-style-type: none"> • Pregnancy/nursing mother 	<ul style="list-style-type: none"> • Amnesia • Drowsiness • Hypertension • Hypotension • Weakness
Magnesium sulfate Trade: Same Class: Antidysrhythmic, electrolyte	13, 20, 22, 29, 49, 53	<ul style="list-style-type: none"> • Refractory VF / Pulseless VT • Torsades de Pointes • Seizures related to eclampsia 	<ul style="list-style-type: none"> • Heart block 	<ul style="list-style-type: none"> • Diaphoresis • Hypotension • Bradycardia • Dysrhythmias • Depressed reflexes