



**ALABAMA EMS
PATIENT CARE PROTOCOLS**
Seventh Edition
October 2013

Adrenal Insufficiency**3.03****HISTORY AND PHYSICAL EXAM**

- History of diagnosed Adrenal Insufficiency.
- Many diseases can cause Adrenal Insufficiency, including Primary Adrenal Insufficiency, Congenital Adrenal Hyperplasia (CAH), long-term administration of steroids, pituitary gland problems, auto-immune diseases, cancers, and infections.
- Early signs of adrenal crisis: pallor, dizziness, headache, weakness, abdominal pain, nausea, and vomiting.
- Late signs of adrenal crisis: lethargy, hypotension, shock, cardiorespiratory failure, and death.

KEY POINTS

- Adrenal glands make the steroids cortisol and aldosterone, which are both necessary for the body's response to physiologic stress such as acute illness or injury.
- Persons with adrenal insufficiency are unable to respond to physiologic stressors and may develop hypoglycemia, shock, or cardiovascular collapse that is refractory to treatment until adrenal corticosteroid replacement is given.
- This protocol is only for patients with diagnosed Adrenal Insufficiency and is intended to guide paramedics in assisting these patients with self-administration of medications prescribed for them by their physician to treat Adrenal Insufficiency in the setting of acute illness or injury. This is commonly referred to as adrenal crisis.
- All patients receiving steroids using this protocol must be transported to the hospital for further evaluation and treatment.

Adrenal Insufficiency (continued)**3.03**

TREATMENT	DRUGS/PROCEDURES
<ul style="list-style-type: none"> • Oxygen to maintain pulse oximetry >95%. • If the patient has their own steroid medications prescribed by their physician, the EMSP may administer them according to the accompanying directions. This includes <i>Hydrocortisone sodium succinate</i>, <i>Methylprednisolone</i>, and <i>Dexamethasone</i>. If dosing information is not provided with the medication, use the doses recommended here. If further assistance is needed, the EMSP may contact OLMD or the ATCC for medical control assistance. (Cat B) ☒ • Cardiac Monitor and 12 Lead ECG. • Glucometer. If patient is hypoglycemic, treat using Hypoglycemia Protocol (3.21). • Establish IV access. • If patient remains hypotensive, treat using Shock Protocol (3.31). 	<p><u>EMT:</u></p> <p><u>Advanced:</u> Establish IV.</p> <p><u>Intermediate:</u> Cardiac monitoring as needed.</p> <p><u>Paramedic:</u></p> <p><i>Hydrocortisone sodium succinate:</i> 100 mg IM (Cat B) ☒ Pediatric: 2 mg/kg IM, MAX 100 mg (Cat B) ☒</p> <p><i>Methylprednisolone:</i> 125 mg IM (Cat B) ☒ Pediatric: 2 mg/kg IM, MAX 125 mg (Cat B) ☒</p> <p><i>Dexamethasone:</i> 5 mg IM (Cat B) ☒ Pediatric: 5 mg IM (Cat B) ☒</p>