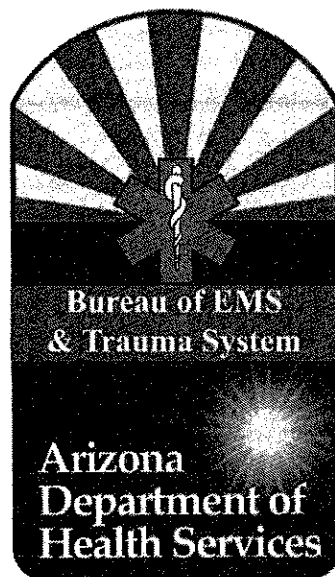


# **TRIAGE, TREATMENT AND TRANSPORT GUIDELINES**

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As recommended by the

**Bureau of Emergency Medical Services  
& Trauma System**



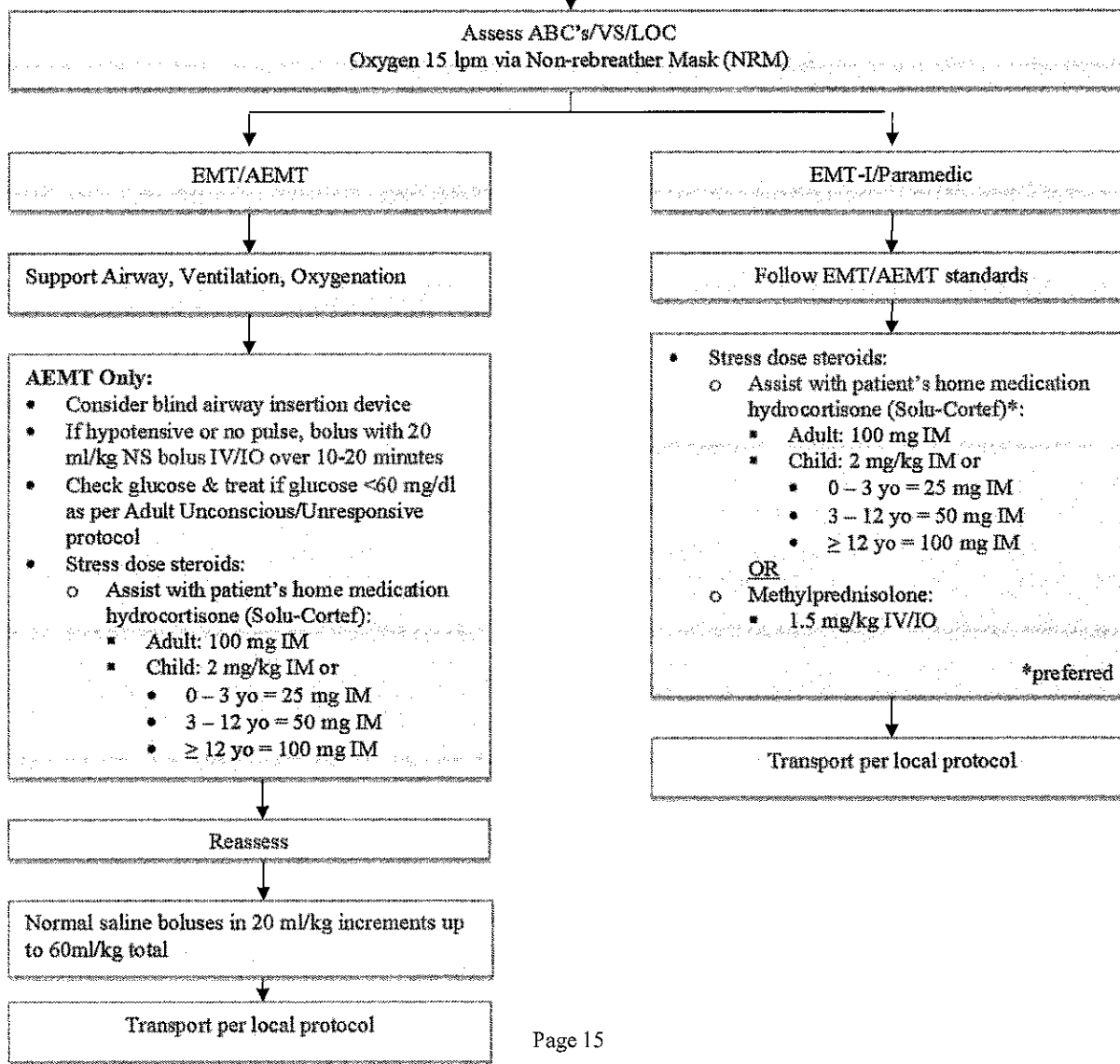
**Arizona Department of Health Services**

**April 2011**  
[Revised September 2015]

## Adult Adrenal Insufficiency

### Inclusion Criteria:

- Patients with a known medical history of adrenal insufficiency
  - Congenital adrenal hyperplasia (CAH)
  - Panhypopituitarism
  - Long-term use of steroids (replacement therapy, asthma, COPD, rheumatoid arthritis, and transplant recipients)
- Illness or injury, including but not limited to:
  - Shock/hypoperfusion
  - Fever > 100.4°F
  - Multi-system trauma
  - Multiple long bone fractures
  - Hyperthermia or hypothermia
  - Respiratory distress
  - Partial or full thickness burns > 5% BSA
  - Drowning
  - Vomiting/Diarrhea with signs/symptoms of dehydration



**Arizona Department of Health  
Services**

**Bureau of Emergency Medical  
Services**



**STATUTES AND RULES  
JANUARY 01, 2015**

**Bureau of Emergency Medical Services**

**1-800-200-8523**

***www.azdhs.gov/bems***

|   |            |             |                   |                  |
|---|------------|-------------|-------------------|------------------|
| Assisting patient with his/her own prescribed medications (aerosolized/nebulized)           | ✓          | ✓           | ✓                 | ✓                |
| Assisting patient with his/her own prescribed medications (ASA/Nitro)                       | ✓          | ✓           | ✓                 | ✓                |
| Assisting patient with his/her own prescribed medications (auto- injector)                  | ✓          | ✓           | ✓                 | ✓                |
| Assisting patient with his/her own prescribed medications (hydrocortisone sodium succinate) |            | ✓           | ✓                 | ✓                |
| Auto-injector (self or peer)  | ✓          | ✓           | ✓                 | ✓                |
| Buccal  | STR        | ✓           | ✓                 | ✓                |
| Endotracheal tube   |            |             | ✓                 | ✓                |
| Inhaled self-administered (nitrous oxide)   |            | ✓           | ✓                 | ✓                |
| Intradermal   |            |             | STR               | STR              |
| Intramuscular   |            | ✓           | ✓                 | ✓                |
| Intranasal  |            | ✓           | ✓                 | ✓                |
| Intravenous push  |            | ✓           | ✓                 | ✓                |
| Intravenous piggyback   |            |             | ✓                 | ✓                |
| Intraosseous  |            | STR         | ✓                 | ✓                |
| Nasogastric   |            |             |                   | ✓                |
| Oral  | ✓          | ✓           | ✓                 | ✓                |
| Rectal  |            | STR         | ✓                 | ✓                |
| Small volume nebulizer  | STR        | ✓           | ✓                 | ✓                |
| Subcutaneous  |            | ✓           | ✓                 | ✓                |
| Sublingual  |            | ✓           | ✓                 | ✓                |
| <b>IV initiation/maintenance fluids</b>   | <b>EMT</b> | <b>AEMT</b> | <b>EMT-I (99)</b> | <b>Paramedic</b> |
| Access indwelling catheters and implanted central IV ports                                  |            |             |                   | ✓                |
| Central line- monitoring  |            |             |                   | ✓                |
| Intraosseous- initiation  |            | ✓           | ✓                 | ✓                |
| Intravenous access  |            | ✓           | ✓                 | ✓                |
| Intravenous initiation- peripheral  | STR        | ✓           | ✓                 | ✓                |
| Intravenous- maintenance of non-medicated IV fluids or capped access                        | ✓          | ✓           | ✓                 | ✓                |
| Intravenous- maintenance of medicated IV fluids   |            |             | ✓                 | ✓                |
| Umbilical initiation  |            |             |                   | STR              |
| <b>Miscellaneous</b>  | <b>EMT</b> | <b>AEMT</b> | <b>EMT-I (99)</b> | <b>Paramedic</b> |
| Assisted delivery (childbirth)  | ✓          | ✓           | ✓                 | ✓                |
| Assisted complicated delivery (childbirth)  | ✓          | ✓           | ✓                 | ✓                |
| Blood glucose monitoring  | ✓          | ✓           | ✓                 | ✓                |

**Table 5.2. Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents**

**KEY:**

A = Authorized to administer the agent

SVN = Agent shall be administered by small volume nebulizer

MDI = Agent shall be administered by metered dose inhaler

\* = Authorized to assist in patient self-administration

[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMCT administration

| AGENT  | MINIMUM SUPPLY  | EMT         | AEMT        | EMT-I (99)  | Paramedic   |
|--|---|-------------|-------------|-------------|-------------|
| Adenosine  | 18 mg   | -           | -           | A           | A           |
| Albuterol Sulfate SVN or MDI (sulfite free)                        | 10 mg   | A           | A           | A           | A           |
| Amiodarone<br>or<br>Lidocaine                                      | 300mg<br>or<br>3 prefilled syringes, total of<br>300 mg and 1 g vials or<br>premixed infusion, total of 2 g | -<br>-      | -<br>-      | -<br>A      | A<br>A      |
| Aspirin  | 324 mg  | A           | A           | A           | A           |
| Atropine Sulfate   | 3 prefilled syringes, total of 3 mg   | -           | -           | A           | A           |
| Atropine Sulfate   | Optional [8 mg multidose vial (1)]  | -           | -           | A           | A           |
| Atropine Sulfate Auto-Injector                                     | None  | A           | A           | A           | A           |
| Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector | None  | A           | A           | A           | A           |
| Calcium Chloride   | 1 g   | -           | -           | -           | A           |
| Calcium Gluconate, 2.5% topical gel                                | Optional [50 g]   | A           | A           | A           | A           |
| Charcoal, Activated (without sorbitol)                             | Optional [50 g]   | A           | A           | A           | A           |
| Cyanokit   | Optional [5 g]  | -           | -           | -           | A           |
| Dexamethasone  | Optional [8 mg]   | -           | -           | A           | A           |
| Dextrose   | 50 g  | -           | A           | A           | A           |
| Dextrose, 5% in H2O  | Optional [250 mL bag (1)]   | A           | A           | A           | A           |
| Diazepam<br>or<br>Lorazepam<br>or<br>Midazolam                     | 20mg<br>8 mg<br>10mg  | -<br>-<br>- | -<br>-<br>- | A<br>A<br>A | A<br>A<br>A |
| Diazepam Rectal Delivery Gel                                       | Optional [20 mg]  | -           | -           | A           | A           |
| Diltiazem<br>or<br>Verapamil HCl                                   | 25mg<br>10mg  | -<br>-      | -<br>-      | -<br>-      | A<br>A      |
| Diphenhydramine HCl  | 50 mg   | -           | -           | A           | A           |
| Dopamine HCl   | 400 mg  | -           | -           | -           | A           |
| Epinephrine Auto-Injector  | Optional<br>[2 adult auto-injectors<br>2 pediatric auto-injectors]  | A           | A           | A           | A           |
| Epinephrine HCl, 1:1,000   | 2 mg  | -           | A           | A           | A           |
| Epinephrine HCl, 1:1,000   | Optional [30 mg multidose vial (1)]   | -           | A           | A           | A           |

| AGENT   | MINIMUM SUPPLY   | EMT    | AEMT   | EMT-I (99) | Paramedic |
|---|--|--------|--------|------------|-----------|
| Epinephrine HCl, 1:10,000                                     | 5 mg   | -      | -      | A          | A         |
| Etomidate   | Optional [40 mg]   | -      | -      | -          | A         |
| Glucagon  | 2 mg   | -      | A      | A          | A         |
| Glucose, oral   | Optional [30 gm]   | A      | A      | A          | A         |
| Hemostatic Agents   | Optional   | A      | A      | A          | A         |
| Hydrocortisone Sodium Succinate                               | Optional   | -      | *      | *          | *         |
| Immunizing Agent  | Optional   | -      | -      | A          | A         |
| Ipratropium Bromide 0.02% SVN or MDI                          | 5 mL   | -      | -      | A          | A         |
| Ketamine  | Optional [200 mg]  | -      | -      | -          | A         |
| Lactated Ringers  | 1 L bag (2)  | A      | A      | A          | A         |
| Magnesium Sulfate   | 5 g  | -      | -      | -          | A         |
| Methylprednisolone Sodium Succinate                           | 250 mg   | -      | -      | A          | A         |
| Morphine Sulfate<br>or<br>Fentanyl                            | 20 mg<br>200 mcg   | -<br>- | A<br>- | A<br>A     | A<br>A    |
| Nalmefene HCl   | Optional [4 mg]  | -      | A      | A          | A         |
| Naloxone HCl  | 10 mg  | -      | A      | A          | A         |
| Nitroglycerin Sublingual Spray<br>or<br>Nitroglycerin Tablets | 1 bottle<br>1 bottle   | *<br>* | A<br>A | A<br>A     | A<br>A    |
| Normal Saline   | 1 L bag (2)<br>Optional [250 mL bag (1)]<br>Optional [50 mL bag (2)] | A      | A      | A          | A         |
| Ondansetron HCl   | Optional [4 mg]  | -      | -      | A          | A         |
| Oxygen  | 13 cubic feet  | A      | A      | A          | A         |
| Oxytocin  | Optional [10 units]  | -      | -      | A          | A         |
| Phenylephrine Nasal Spray 0.5%                                | Optional [1 bottle]  | -      | -      | A          | A         |
| Pralidoxime Chloride Auto-Injector                            | None   | A      | A      | A          | A         |
| Proparacaine Ophthalmic                                       | Optional [1 bottle]  | -      | -      | A          | A         |
| Rocuronium  | Optional [100 mg]  | -      | -      | -          | A         |
| Sodium Bicarbonate 8.4%                                       | Optional [100 mEq]   | -      | -      | A          | A         |
| Succinylcholine   | Optional [400 mg]  | -      | -      | -          | A         |
| Thiamine HCl  | 100 mg   | -      | -      | A          | A         |
| Tuberculin PPD  | Optional [5 mL]  | -      | -      | A          | A         |
| Vasopressin   | Optional [40 units]  | -      | -      | -          | A         |