

FISHER COUNTY HOSPITAL DISTRICT EMERGENCY MEDICAL SERVICES

TITLE: ADRENAL INSUFFICIENCIES

DATE: 3-1-10

REVISED:

Adrenal insufficiencies include: congenital adrenal hyperplasia (CAH) , Addison's disease and other conditions whereby affected individuals do not produce life-sustaining hormones (cortisol and aldosterone) vital to the maintenance of blood pressure and heart muscle tone, as well as sugar and salt balance. Individuals affected by adrenal insufficiency and those who are steroid dependent are at constant risk of adrenal crisis. Immediate, appropriate emergency medical response for individuals with adrenal insufficiency can mean the difference between life, disability and death.

Patients may have experienced febrile illnesses, vomiting, surgery, lengthy medical/dental procedures and serious injury or trauma.

Signs of adrenal crisis include: pallor, dizziness, headache, weakness/lethargy, abdominal pain, vomiting/nausea, hypoglycemia, hypotension, shock, heart failure, and possible death. The underlying problems include: low blood sugar, low blood sodium, dehydration, low blood pressure, all predisposing the individual to heart failure and shock.

LOOK FOR MEDIC ALERT JEWELRY AND MEDICATIONS LABELED CAH MEDICATIONS-A MINI MED BAG. ASK FAMILY AND/OR CAREGIVERS FOR A HISTORY!

NOTE: the signs and symptoms described above may also be due to an acute medical condition other than actual or impending acute adrenal insufficiency or Addisonian crisis. Therefore, when in doubt that the patient's current medical emergency may be caused by acute adrenal insufficiency or Addisonian crisis, the paramedic should contact medical control to review the patient's past medical history and current physical findings to determine if the patient may benefit from the administration of Solu-Cortef or Solu-Medrol.

NOTE: SOLU-CORTEF IS THE PREFERRED MEDICATION!

BASIC LIFE SUPPORT:

1. Oxygen to maintain sats of >95%
2. Treat for shock if present.
3. RAPID TRANSPORT TO CLOSEST EMERGENCY ROOM
4. CONTACT MEDICAL CONTROL EARLY IN CONTACT AND SHARE SUSPECTED ADRENAL INSUFFICIENCIES DIAGNOSIS. MEDICAL CONTROL MAY REQUEST/ORDER EXCEPTIONAL TREATMENT RESPONSES TO THIS CONDITION. (IM INJECTION OF SOLU-CORTEF)
5. CONSIDER PARAMEDIC INTERCEPT EARLY IN CONTACT.

PARAMEDIC DISCRETION:

1. TREAT LIFE THREATENING CONDITIONS
2. OBTAIN HISTORY AND EXAM
3. CONSIDER IV ACCESS
4. If confirmed or strongly suspicion CAH- administer solu-cortef as follows:
Adult:100mg im or iv over 30 seconds
Pedi-<5 ft tall (<35 kg/75lbs) 1-2 mg/kg iv or im over 30 seconds
5. CONSIDER CARDIAC MONITOR
6. CONSULT MEDICAL CONTROL FOR TRANSPORT DESTINATION SUGGESTIONS.
7. THIS PATIENT WILL BE A PRIORITY TRANSPORT PATIENT.

MEDICAL CONTROL:

MAINTAIN CONTACT WITH MEDICAL CONTROL IF PATIENT IS UNSTABLE OR NOT RESPONSIVE TO TREATMENTS.