**Adrenal Insufficiency**

**Adult & Pediatric**

**EMT STANDING ORDERS – ADULT & PEDIATRIC**
- Routine Patient Care.
- Obtain history of underlying condition.
- Call for Paramedic intercept, if available. If not available, call for AEMT intercept.

**ADVANCED EMT STANDING ORDERS – ADULT & PEDIATRIC**
- Assist the patient/caregiver in giving the patient his or her own medications, as prescribed.

**PARAMEDIC STANDING ORDER – ADULT & PEDIATRIC**
- Establish IV access and administer stress dose hydrocortisone to patient that meets criteria below:
  - **Adult:** History of adrenal insufficiency; administer:
    - Hydrocortisone 100 mg IV/IO/IM (preferred) OR
    - Methylprednisolone 125 mg IV/IO/IM OR
    - Dexamethasone 10 mg IV/IO/IM.
  - **Pediatric:** History of adrenal insufficiency; administer:
    - Hydrocortisone 2 mg/kg IV/IO/IM (max dose 100 mg) (preferred) OR
    - Methylprednisolone 2 mg/kg IV/IO/IM (maximum dose 125 mg) OR
    - Dexamethasone 0.6 mg/kg IV/IO/IM/PO (maximum dose 10 mg).

**PARAMEDIC EXTENDED CARE ORDERS – ADULT & PEDIATRIC**
- After the stress dose, continue to administer hydrocortisone every 6 hours:
  - **Adult:** 100 mg IV/IO/IM every 6 hours.
  - **Pediatric:** 2 mg/kg IV/IO/IM every 6 hours to a maximum single dose of 100mg.
- In patients with the following signs and symptoms consider the need for repeat stress dosing:
  - Nausea, vomiting, weakness, dizzy, abdominal pain, muscle pain, dehydration, hypotension, tachycardia, fever, mental status changes.
- Additional Considerations:
  - Aggressive volume replacement therapy.
  - Vasopressors may be needed to treat refractory hypotension, see Shock Protocol – Adult 2.21A or Shock Protocol – Pediatric 2.21P.
  - Treat for hypoglycemia, see Diabetic Emergencies (Hypoglycemia) Protocol – Adult 2.8A or Diabetic Emergencies (Hypoglycemia) Protocol – Pediatric 2.8P.
  - Normalize body temperature.

**PEARLS:**
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, water, and salt balance. Chronic 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 a stress dose and, as necessary, supplemental doses of hydrocortisone.

**PEARLS:**
A “stress dose” of hydrocortisone should be given to patients with known chronic adrenal insufficiency who have the following illnesses/injuries:
- Shock (any cause).
- Fever >100.4°F and ill-appearing.
- Multi-system trauma.
- Submersion injury.
- 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).

Vermont 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, policies, or procedures may NOT be altered or modified.

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