2.1 Adrenal Insufficiency
Adult & Pediatric

EMT STANDING ORDERS - ADULT & PEDIATRIC
- Routine Patient Care.
- Identify and treat the underlying condition.
- Consider paramedic intercept.

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

STANDING ORDER - ADULT & PEDIATRIC
Stress Dose:
- Adult: History of adrenal insufficiency; administer hydrocortisone 100mg IV/IO/IM.
  OR Methylprednisolone 125 mg IV/IO/IM
- Pediatric: History of adrenal insufficiency; administer hydrocortisone 2mg/kg, to a maximum of 100 mg IV/IO/IM OR Methylprednisolone 2 mg/kg IV/IO/IM up to a maximum dose of 125mg.
- If signs of shock are present treat per: Shock Non-Traumatic Protocol 2.23.

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.
- Drowning.
- 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).