

M417	M417 Adrenal Insufficiency	M417
2019	Academy of Medicine of Cincinnati - Protocols for SW Ohio	2019
ALL	<p>I. DEFINITIONS</p> <p>A. <i>Adrenal Insufficiency (AI)</i> – potentially life threatening condition in which the adrenal glands do not produce sufficient quantities of the hormones cortisol and aldosterone. Addison’s Disease and Congenital Adrenal Hyperplasia are two forms of the disease.</p> <p>B. <i>Adrenal Crisis</i> – life threatening condition in which someone with AI fails to mount an adequate response to acute physiologic stress</p> <ol style="list-style-type: none"> 1. Early symptoms – non-specific, may resemble viral illness or hypoglycemia 2. Late symptoms – altered mental status, hypotension, hypoglycemia, seizures, dysrhythmia, cardiopulmonary failure <p>II. INCLUSION CRITERIA</p> <p>A. All patients with known diagnosis of AI who exhibit signs/symptoms of adrenal crisis.</p> <p>B. Evidence of AI diagnosis may include: medical alert tags, patient or family statement, notes or care description letter from physician, possession of injectable corticosteroids for self or family administration</p> <p>III. PROTOCOL</p> <p>A. If available, allow patient/family to SELF-ADMINISTER steroid therapy (usually in the form of injectable hydrocortisone sodium succinate / Solu Cortef 100mg IM).</p>	
MEDIC	<p>B. If self-administration not possible or undesirable, immediately give</p> <ol style="list-style-type: none"> 1. Solu-Medrol (Methylprednisolone) 125 mg IM/IV/IO (Adult) 2. Solu-Medrol (Methylprednisolone) 2 mg/kg IM/IV/IO (Pediatric) 	
ALL	<p>C. Assess blood glucose. If glucose < 70 mg/dl, follow protocol <u>M406 / P608</u>.</p> <p>D. Manage airway as appropriate.</p> <p>E. Initiate supplemental oxygen by nonrebreather mask.</p>	
MEDIC	<p>F. Place patient on cardiac monitor and obtain 12-Lead EKG.</p> <p>G. Administer IV bolus.</p> <ol style="list-style-type: none"> 1. 500 - 1000 ml normal saline IV/IO (Adult) 2. 20 ml/kg normal saline IV/IO (Pediatric) <p>H. If hypotension or signs of shock persist, follow protocol <u>SB205</u></p> <p>I. Consider antiemetic treatment <u>M405</u>.</p>	
ALL	<p>J. Notify receiving facility and transport patient.</p>	
	<p>NOTES:</p> <p>A. Paramedic administration of the patient’s own injectable steroid (hydrocortisone sodium succinate 100mg IM) is allowed if the patient/family are unable to do so, EMS agency supplied Solu-Medrol (methylprednisolone) is not available, AND the medication is in a factory sealed container (e.g. vial) with valid expiration date.</p> <p>B. Any patient-supplied medications given by the patient, family, or EMS should be brought to the hospital with the patient.</p>	