CAH
Congenital Adrenal Hyperplasia

**Identify**
- Known Rx of CAH or Addison's disease
- Altered LOC
- Hypotension
- Hyperglycemia
- Nausea/vomiting
- Fever
- Tachycardia

* Notify Medical Control *

Patient Assessment Protocol (102)

IV Protocol (104)

Consider Nausea/Vomiting Protocol (410)

Administer Fluid Bolus For Tachycardia/Fever/Hypotension
(Monitor Lungs For Crackles)

Solu Cortef
- Adult 100mg IV or IM over 30 seconds
- Pediatric 2mg/kg IV or IM over 30 seconds

Cardiac monitoring

Blood Glucose < 60?

YES

D50 12.5-25 g IV
If no IV access Glucagon 1 mg IM

Improvement?

NO

Contact Medical Control

Repeat:
Solu Cortef
- Adult 100mg IV or IM over 30 seconds
- Pediatric 2mg/kg IV or IM over 30 seconds

Footnotes
1. Determine Hypotension SBP <90 MAP <65
2. CAH may cause hyponatremia and/or hypokalemia.
3. Scenes time should not exceed 15 minutes
4. Notify Medical Control if Possible CAH
5. Fluids: 250 ml increments.
6. Delay treatment of hypokalemia until after administering Solu Cortef
7. Glucagon preferred if no altered mentation, if altered D50 is preferred.
8. Solu Cortef contraindicated in infants with TS.
| **Indications:** | • Primary and secondary adrenocortical insufficiency  
• Congenital adrenal hypoplasia |
| **Classification:** | • Glucocorticoid |
| **Dosage:** |  
| **Adult:** | • 100mg IV or IM over 30 seconds |
| **Pediatric:** | • 2mg/kg IV or IM over 30 seconds, maximum 100mg |
| **Therapeutic Effects:** | • Increase blood sugar through gluconeogenesis  
• Increase blood pressure by increasing vascular sensitivity to epinephrine and norepinephrine |
| **Contraindications:** | • Systemic fungal infection  
• Immuno-suppressed patients  
• Premature Infants  
• Tuberculosis |
| **Side Effects:** | • Seizure  
• Hypertension  
• Arrhythmia  
• Nausea  
• Hypo; Hyper; kalemia and natremia  
• Hyperglycemia |
| **Special Notes:** | • Monitor glucose and cardiac rhythm  
• Draw labs before administering for accurate N+ and K+ levels  
• Consider fluid resuscitation |
May 22, 2014

Via E-mail (andy.gienapp@wyo.gov)

Andy Gienapp, MS, NREMTP
Administrator
Office of Emergency Medical Services
6101 Yellowstone Rd., Suite 400
Cheyenne, WY 82002

RE: EMS Requests for Action

Dear Andy:

At its meeting on April 10-11, 2014, the Wyoming Board of Medicine reviewed the Requests for Action from the Office of Emergency Medical Services, dated April 2, 2014. I am pleased to report the Board took the following actions:

Item 1: Request from Lovell Emergency Medical Services to operate as a paramedic-level service.

Action taken: The Board approved this request.

Item 2: Request from Sublette County Emergency Medical Services to operate as a full-time paramedic-level service.

Action taken: The Board approved this request.

Item 3: Request from Michael Bruno, M.D., to add Solu-Cortef (hydrocortisone sodium succinate) to the list of authorized drugs for paramedic-level services.

Action taken: The Board approved this request.

The Board of Medicine greatly appreciates the work you and the Physician Task Force on Emergency Medical Services do. If you have any questions regarding these approvals or any other matter, please do not hesitate to let me know.

Best regards,

Kevin D. Bohnenblust
Executive Director