SPECIAL NEEDS – PROTOCOLS

In unique situations there may be special needs patients that will have WTFD EMS protocols available for care that are on-site or with the patients.

EMS personnel are to follow and/or utilize these protocols:

1. If the protocol as been approved by the Medical Director(s).
2. If the protocol has the original approval letter with Medical Director's signature(s)

The Special Needs Protocols may be located or present to EMS at:

1. Schools
2. Patient’s Home
3. Sporting Events
4. Churches
5. ETC.

If at all possible the Caretaker should be transported with patient. If the Caretaker is off sight, they should be notified, as soon as possible, and informed of which hospital the patient is being transported to.
This protocol is specifically developed for XXX XXXX (DOB: XXX-XX-XXXX) to be used by the Washington Township Fire Department (WTFD). This protocol is to be reviewed by his parents, the physician treating his medical condition, and the WFTD medical director(s) on an annual basis.

Patient’s Diagnosis:

Current Specialty Physician: Dr. XXX XXXX
Emergency Phone Number: XXX-XXX-XXXX

Current Primary Care Physician: Dr. XXX XXXX
Emergency Phone Number: XXX-XXX-XXXX

Children and adults with adrenal insufficiency due to primary adrenal gland problems or pituitary deficiency of ACTH can develop adrenal crisis during the stress of an accident, illness or injury. Presenting features might include:

- Hypotension
- Hypoglycemia
- Altered level of consciousness

The appropriate treatment for such a crisis is hydrocortisone (solucortef) IM or IV administered as soon as the condition is recognized. Ideally this would be administered at the scene by emergency personnel. If hydrocortisone is unavailable, the patient should be transported urgently to the nearest facility where they can immediately receive hydrocortisone therapy. They should be given priority in the Emergency Department setting.

**Signs and Symptoms of an Adrenal Crisis are:**

<table>
<thead>
<tr>
<th>Abdominal pain</th>
<th>Darkening of the skin</th>
<th>Difficulty breathing</th>
<th>Dehydration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td>Low blood pressure</td>
<td>Fatigue</td>
<td>Flank pain</td>
</tr>
<tr>
<td>Headache</td>
<td>High fever</td>
<td>Joint pain</td>
<td>Nausea</td>
</tr>
<tr>
<td>Weakness</td>
<td>Tachycardia</td>
<td>Tachypnea</td>
<td>Chills</td>
</tr>
<tr>
<td>Skin rash</td>
<td>Sluggish movement</td>
<td>Vomiting</td>
<td></td>
</tr>
<tr>
<td>Reduced consciousness</td>
<td>Sweating palms or face</td>
<td>Loss of appetite</td>
<td></td>
</tr>
</tbody>
</table>
Medical Care of Adrenal Crisis

- Airway, Breathing, and Circulation per Pediatric Considerations for Children Requiring Evaluation & Transport: Airway, Breathing, & Circulation protocols
- Treat Hypotension per Pediatric Hypovolemic Shock: Blood Loss or Dehydration protocol
- Treat Hypoglycemia per Pediatric Hypoglycemia protocol
- Treat Altered Level of Consciousness per Pediatric Altered Level of Consciousness protocol
- Treat Seizures per Pediatric Seizure protocol
- Administer Solu-Medrol 10 mg IV or IM (Children under 2 yr.)
- Administer Solu-Medrol 20 mg IV or IM (Children over 2 yr.)
- If nausea/vomiting is present, give Zofran:
  - 0.1 mg/kg IV or IO in children 2 – 12 years of age, may repeat in 15 – 30 minutes with maximum dose 4 mg
  - Children older than 12, use adult dosage
- Transport to the nearest hospital where hydrocortisone therapy can be administered

Paul Gabriel, MD, Medical Director
Washington Township Fire Department
Dublin, Ohio

Ann Dietrich, MD, Medical Director
Washington Township Fire Department
Dublin, Ohio

STATE OF OHIO
COUNTY OF FRANKLIN SS:

Subscribed and affirmed to before me this _____ day of __________, 20__

By: ______________________________

______________________________
Notary Signature

Printed Name

My Commission Expires: ______________