



MONTANA BOARD OF MEDICAL EXAMINERS
MONTANA PREHOSPITAL
TREATMENT PROTOCOLS
(Version 11)

For Information Contact:
Dr. Sibold, State EMS Medical Director
(406) 841-2300
email: hsibold@mt.gov
web site: www.emt.mt.gov

Montana Board of Medical Examiners: Montana Prehospital Treatment Protocols

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ADRENAL INSUFFICIENCY

EMR (Emergency Medical Responder):

INITIAL ASSESSMENT

Be alert for and treat shock; see Shock Protocol

FOCUSED / DETAILED ASSESSMENT

Obtain pertinent medical history

Check for Medical Alert tags

Note medications patient has taken, how much and when

EMR (Emergency Medical Responder) **with monitoring endorsement:**

Determine glucose

EMT (Emergency Medical Technician) with **medication endorsement:**

For adult patients with adrenal insufficiency or at risk of acute adrenal crisis in medical distress, administer:

hydrocortisone (Solu-Cortef) 100mg IM, OR

methylprednisolone (Solu-medrol) 125mg IM, OR

dexamethasone (Decadron) 4mg IM

For pediatrics with adrenal insufficiency, administer:

hydrocortisone (Solu-Cortef) 2mg/kg IM (to maximum of 100mg), OR

methylprednisolone (Solu-medrol) 2mg/kg IM (to maximum of 125mg), OR

Decadron (dexamethasone) 0.03-0.15mg/kg IM (to maximum of 4mg)

AEMT (Advanced Emergency Medical Technician) with **medication endorsement:**

For adult patients (if not previously administered steroid dose), then administer:

hydrocortisone (Solu-Cortef) 100mg IM/IV/IO, OR

methylprednisolone (Solu-medrol) 125mg IM/IV/IO, OR

Decadron (dexamethasone) 4mg IM/IV/IO

For pediatrics (if not previously administered steroid dose), then administer:

hydrocortisone (Solu-Cortef) 2mg/kg IM/IV/IO (to maximum of 100mg), OR

methylprednisolone (Solu-medrol) 2mg/kg IM/IV/IO (to maximum of 125mg), OR

Decadron (dexamethasone) 0.03-0.15mg/kg IM/IV/IO (to maximum of 4mg)

Identification of the patient with adrenal insufficiency or acute adrenal crisis is critically important to outcome.

Hydrocortisone is the steroid of choice for adrenal insufficiency (AI), if available.

A stress dose of steroid, should be given to patients with known AI in the presence of:

- shock (any cause)
- multisystem trauma, significant 2nd/3rd° burns or drowning
- multiple long bone fractures
- vomiting/diarrhea with dehydration
- acute cardiopulmonary distress
- fever >100.4° (and ill appearing)
- environmental hypothermia or hyperthermia

If no steroid is available during transport, then alert the emergency department/medical control that a patient with adrenal crisis is en route.

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