



**ALABAMA EMS
PATIENT CARE PROTOCOLS**
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PATIENT CARE PROTOCOLS

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Adrenal Insufficiency

History and Physical Exam

- History of diagnosed Adrenal Insufficiency.
- Many diseases can cause Adrenal Insufficiency, including Primary Adrenal Insufficiency, Congenital Adrenal Hyperplasia (CAH), long-term administration of steroids, pituitary gland problems, auto-immune disease, cancers, and certain infections.
- Early signs of adrenal crisis: pallor, dizziness, headaches, weakness, abdominal pain, nausea, and vomiting.
- Late signs of adrenal crisis: lethargy, hypotension, shock, cardiorespiratory failure, and death.

Key Points

- Adrenal glands make the steroids cortisol and aldosterone, which are both necessary for the body's response to physiologic stress such as acute illness or injury.
- Patients with Adrenal Insufficiency are unable to respond to physiologic stressors and may develop hypoglycemia, shock, or cardiovascular collapse that is refractory to treatment until adrenal corticosteroid replacement is given.
- This protocol is only for patients with diagnosed Adrenal Insufficiency and is intended to guide EMSPs in assisting these patients with Adrenal Insufficiency in administration of steroid medication in the setting of acute illness or injury. This is commonly referred to as adrenal crisis.
- All patients receiving steroids using this protocol must be transported to the hospital for further evaluation and treatment.
- Many of these patients will present with infection and shock consistent with sepsis. Providers should refer to the Sepsis Protocol for the remainder of their treatment.

