FISHER COUNTY HOSPITAL DISTRICT
EMERGENCY MEDICAL SERVICES

TITLE: ADRENAL INSUFFICENCY
DATE: 3-1-10
REVIEWED: 12-31-2017

Causes of adrenal insufficiency include: congenital adrenal hyperplasia (CAH), Addison's disease and other conditions whereby affected individuals do not produce life-sustaining hormones (cortisol and aldosterone) vital to the maintenance of blood pressure and heart muscle tone, as well as sugar and salt balance. Individuals affected by adrenal insufficiency and those who are steroid dependent are at constant risk of adrenal crisis. Immediate, appropriate emergency medical response for individuals with adrenal insufficiency can mean the difference between life, disability, and death.

Signs of adrenal crisis include: pallor, dizziness, headache, weakness/lethargy, abdominal pain, vomiting/nausea, hypoglycemia, hypotension, shock, heart failure, and possible death. The underlying problems include: low blood sugar, low blood sodium, high blood potassium, dehydration, low blood pressure, all predisposing the individual to heart failure and shock.

LOOK FOR MEDIC ALERT JEWELRY, MEDICATIONS, EMERGENCY INJECTION KIT, DOCTOR'S ORDERS OR SIMILAR IDENTIFYING "ADRENAL INSUFFICIENCY." ASK FAMILY AND/OR CAREGIVERS FOR A HISTORY!

NOTE: Patients who are confirmed to be diagnosed with a disease that could lead to acute adrenal insufficiency or Addisonian crisis, but are not in a state of compensated or decompensated (hypotensive) shock, may also benefit from administration of Solu-Cortef®.or Solu-Medrol®. The early signs and symptoms of patients with diseases predisposing to acute adrenal insufficiency who may not yet be in crisis include: pallor, dizziness, headache, weakness/lethargy, abdominal pain, vomiting/nausea, hypoglycemia. Patients who have been unable to take their oral corticosteroid therapy due to nausea and/or vomiting are particularly vulnerable and should be treated presumptively. In such patients, early administration of Solu-Cortef®.or Solu-Medrol® may avoid progression to decompensated (hypotensive) shock, heart failure, and possible death.

NOTE: The signs and symptoms described above may also be due to an acute medical condition other than actual or impending acute adrenal insufficiency or Addisonian crisis if they have been able to take their corticosteroid medication at the usual or higher doses. Therefore, when in doubt that the patient's current medical emergency may be caused by acute adrenal insufficiency or Addisonian crisis, the paramedic should contact medical control to review the patients past medical history and current physical findings to determine if the patient may benefit from the administration of Solu-Cortef® or Solu-Medrol®.

NOTE: SOLU-CORTEF IS THE PREFERRED MEDICATION!

BASIC LIFE SUPPORT:

1. Oxygen to maintain sats of >95%
2. Treat for shock if present.
3. RAPID TRANSPORT TO CLOSEST EMERGENCY ROOM
4. CONTACT MEDICAL CONTROL EARLY IN CONTACT AND SHARE SUSPECTED ADRENAL INSUFFICIENCY DIAGNOSIS. MEDICAL CONTROL MAY REQUEST/ORDER EXCEPTIONAL TREATMENT RESPONSES TO THIS CONDITION. (IM INJECTION OF SOLU-CORTEF)
5. CONSIDER PARAMEDIC INTERCEPT EARLY IN CONTACT.

PARAMEDIC DISCRETION:

1. TREAT LIFE THREATENING CONDITIONS
2. OBTAIN HISTORY AND EXAM
3. CONSIDER IV ACCESS AND NORMAL SALINE INFUSION FOR HYPOTENSION
4. If confirmed or strongly suspected adrenal insufficiency - administer Solu-Cortef® as follows:
   Adult:100mg im or iv over 30 seconds
   Pedi-<5 ft tall (<35 kg/75lbs) 2 mg/kg iv or im over 30 seconds
5. CONSIDER CARDIAC MONITOR
6. CONSULT MEDICAL CONTROL FOR TRANSPORT DESTINATION SUGGESTIONS.
7. THIS PATIENT WILL BE A PRIORITY TRANSPORT PATIENT.

MEDICAL CONTROL:
MAINTAIN CONTACT WITH MEDICAL CONTROL IF PATIENT IS UNSTABLE OR NOT RESPONSIVE TO TREATMENTS.