



Seattle Medic One, 325-9 Ave., Box 359727, Seattle WA 98104, 206-386-1483/386-1364 (FAX)

# **Individual Care Plan**

# [NAME OF PERSON]

DOB: Parents:

Home [insert address] School [insert address]

## MEDICAL PROBLEM: Congenital Adrenal Hyperplasia (CAH)

In the event of a traumatic injury such as a broken bone or concussion, decreased level of consciousness, or inability to take [her/his] oral medication, [name]must be given Solu-Cortef (hydrocortisone sodium succinate) IM or IV.

[NAME] or caregivers should have 100 mg Solu-Cortef in a 2 ml "Act-O-Vial." Medic Units will carry a copy of this care plan and a dose of the medication.

#### ASSESSMENT

- 911 call for "[girl/boy] down" or "suspect adrenal crisis"
- Medic Alert Bracelet: Adrenal Insufficiency
- Most likely, [name] will be pale and poorly responsive.

#### **DISPATCH ACTIONS**

- 1. If CAD alert or caller indicates this patient dispatch Medic Response
- 2. Announce "Individual Care Plan"

#### **BLS ACTIONS**

- 1. Be aware of this care plan and facilitate a Medic Response
- 2. Determine whether [name] is the patient
- 3. Confirm or request Medic response
- 4. Provide location and directions if needed
- 5. Acquire recent history and vital signs
- 6. Treat ABCs as appropriate

Note: EMTs may provide <u>assistance</u> to family, caregiver, or school staff following the patient's physician's orders that direct them to give medication.

Do not mix, draw up or administer Solu-Cortef. It is not within EMT scope of practice.

### ALS ACTIONS

#### Standing Orders:

- 1. Check [name] blood sugar.
- 2. Reconstitute the medication in the vial by pushing on the stopper to mix the fluid and dry powder and gently mix the medication.
- 3. Administer 100 mg Solu-Cortef IM (2ml)
- 4. Start an IV and supplement with D10 IV at 2 to 3 mL per minute as needed for hypoglycemia.
- 5. If shock is present, administer a bolus of lactated Ringer's solution 20 mL/kg.
- 6. Notify the parents if possible [name and phone numbers]
- 7. Transport to Swedish Hospital First Hill or Children's Hospital

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Michael R. Sayre, MD Associate Medical Director, Seattle Fire Department Medic One

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Background: [Name] has a rare condition called "Congenital Adrenal Hyperplasia" (CAH) also known as adrenal insufficiency. [She/He] has the severe, salt-wasting form of this disorder. Due to [her/his] CAH, [name]'s adrenal glands do not produce the normal hormones required for growth and development, so [s/he] takes a regular oral dose of the steroid, hydrocortisone, daily. The daily dose must be increased in times of physical stress or illness. For even minor illnesses, [name] must take three times [her/his] daily oral dose while the physically stressful situation persists.

In the event of a traumatic medical emergency, decreased level of consciousness or inability to take [her/his] oral medication – [Name] must be given Solu-Cortef IM or IV.

Additional information on adrenal insufficiency may be found at: http://hsc.unm.edu/emermed/PED/emsc/training/adrenal/adrenal.html