

2023

Southwest, Ohio

M417	ADRENAL INSUFFICIENCY	M417
Last Review: 2023	Academy of Medicine of Cincinnati – Protocols for SW Ohio Prehospital Care Clinical Practice Guidelines	2023
ALL	<p>I. DEFINITIONS</p> <p>A. <i>Adrenal Insufficiency (AI)</i> – potentially life-threatening condition in which the adrenal glands do not produce sufficient quantities of the hormone’s cortisol and aldosterone. Addison’s Disease and Congenital Adrenal Hyperplasia are two forms of the disease.</p> <p>B. <i>Adrenal Crisis</i> – life threatening condition in which someone with AI fails to mount an adequate response to acute physiologic stress.</p> <ol style="list-style-type: none"> 1. Early symptoms – non-specific, may resemble viral illness or hypoglycemia. 2. Late symptoms – altered mental status, hypotension, hypoglycemia, seizures, dysrhythmia, cardiopulmonary failure. <p>II. INCLUSION CRITERIA</p> <p>A. All patients with known diagnosis of AI who exhibit signs/symptoms of adrenal crisis.</p> <p>B. Evidence of AI diagnosis may include medical alert tags, patient, or family statement, notes or care description letter from physician, possession of injectable corticosteroids for self or family administration.</p> <p>III. PROTOCOL</p> <p>A. If available, allow patient/family to SELF-ADMINISTER steroid therapy (usually in the form of injectable hydrocortisone sodium succinate / Solu Cortef 100mg IM).</p>	
MEDIC	<p>B. If self-administration not possible or undesirable, immediately give:</p> <ol style="list-style-type: none"> 1. Solu-Medrol (Methylprednisolone) 125 mg IM/IV/IO (Adult). 2. Solu-Medrol (Methylprednisolone) 2 mg/kg IM/IV/IO (Pediatric). 	
ALL	<p>C. Assess blood glucose. If glucose < 60 mg/dl, follow protocol M406 / P608.</p> <p>D. Manage airway as appropriate.</p> <p>E. Initiate supplemental oxygen by nonrebreather mask to correct hypoxia <95%.</p>	
MEDIC	<p>F. Place patient on cardiac monitor and obtain 12-Lead EKG.</p> <p>G. Administer IV bolus.</p> <ol style="list-style-type: none"> 1. 500 - 1000 ml normal saline IV/IO (Adult). 2. 20 ml/kg normal saline IV/IO (Pediatric). <p>H. If hypotension or signs of shock persist, follow protocol SB205.</p> <p>I. Consider antiemetic treatment M405.</p>	
ALL	<p>J. Notify receiving facility and transport patient.</p> <p>NOTES:</p> <p>A. Paramedic administration of the patient’s own injectable steroid (hydrocortisone sodium succinate 100mg IM) is allowed if the patient/family are unable to do so, EMS agency supplied Solu-Medrol (methylprednisolone) is not available, AND the medication is in a factory sealed container (e.g. vial) with valid expiration date.</p> <p>B. Any patient-supplied medications given by the patient, family, or EMS should be brought to the hospital with the patient.</p>	