2.8.11 Adrenal Insufficiency Emergencies

Purpose:

This protocol is used for patients with a *known history of Adrenal Insufficiency* (Primary Adrenal Insufficiency aka Addison's disease, Secondary Adrenal Insufficiency, Congenital Adrenal Hyperplasia aka CAH) who have or are currently experiencing an episode of high stress such as trauma, infection, or recent surgery. This protocol is to be used to prevent such stressful episodes from possibly causing a life-threatening condition known as an Adrenal Crisis, of which these patients are at extreme risk.

Procedure:

BASIC LEVEL: EMT AND PARAMEDIC

1. Initial Patient Assessment Protocol
2. Airway Assessment/Management Protocol. Oxygen via nasal cannula @ 2-4 LPM to maintain pulse ox ≥ 94% (non-rebreather @ 15 LPM if SpO2 < 90%)
3. Attach cardiac monitor and pulse oximeter

ALS LEVEL 1: PARAMEDIC ONLY

1. If the patient/care-taker is able to provide or is found with his/her own supply of prescribed Solu-Cortef, assist the patient/care-taker to administer the medication.
2. If the patient/care-taker is not able to administer the patient's prescribed Solu-Cortef, administer the medication IM according to the dosage instructions provided with the Solu-Cortef (Peds dosing 2mg/kg IV/IM/IO) or contact Medical Control.
3. If the patient has a known history of Adrenal Insufficiency but does not have his/her own Solu-Cortef, and the possibility of adrenal crisis exists, contact Medical Control for consideration of administering Solu-Medrol 125 mg IM/IO/IV
4. Initiate IV of lactated Ringer's or normal saline at TKO. If patient is tachycardia and/or hypotensive, treat according to Hypotension/Shock protocol.
5. Determine serum glucose level with Glucometer. If patient is hyperglycemic or hypoglycemic, treat according to Diabetic Emergencies protocol.

ALS LEVEL 2: MEDICAL CONTROL

1. Contact Medical Control or Medical Director for any questions or problems.

NOTE:

(a) Adrenal Crisis leading to death usually results from hypotension or cardiac dysrhythmias due to hyperkalemia. Remember that an ECG can provide evidence of hyperkalemia.

(b) In addition to treating with Solu-Cortef, treatment should be based on the clinical presentation and findings.

(c) Be alert for vomiting and have suction ready.