

M070 ADRENAL INSUFFICIENCY PROTOCOL

Patient at risk for adrenal insufficiency (Addisonian crisis):

- Identified by family or medical alert bracelet
- Chronic steroid use
- Congenital Adrenal Hyperplasia
- Addison's disease

EMT	AEMT
EMT-I	Paramedic

Assess for signs of acute adrenal crisis:

- Pallor, weakness, lethargy
- Vomiting, abdominal pain
- Hypotension, shock
- Congestive heart failure

Corticosteroid Administration

- **Adult** (Age 12 years or older):
 - Methylprednisolone 125 mg IV/IM x 1
- **Pediatric** (age < 12 years):
 - Methylprednisolone 2 mg/kg IV/IM up to a maximum dose of 125 mg x 1

All symptomatic patients:

- Check blood glucose and treat hypoglycemia, if present
- Start IV and give oxygen
- Give NS bolus IV 20 mL/kg up to 2 liters

Does patient have hypotension and signs of poor perfusion?

- *Altered mental status*
- *Tachycardia*
- *Cool, clammy skin*

- If the patient is confirmed to have a disease (such as congenital adrenal hyperplasia or chronic use of systemic steroids) that could lead to acute adrenal insufficiency or Addisonian crisis, then the administration of steroids may be life-saving and necessary for reversing shock or preventing cardiovascular collapse
- Patients at risk for adrenal insufficiency may develop Addisonian crisis when under physiologic stress which would not lead to cardiovascular collapse in normal patients. Such triggers may include trauma, dehydration, infection, myocardial ischemia, etc.
- If no corticosteroid is available during transport, notify receiving hospital of need for immediate corticosteroid upon arrival
- Specialized prescription medications to address an acute crisis may be given by all levels with a direct VO, (**EMR - Paramedic**). This applies to giving hydrocortisone for adrenal crisis, for instance if a patient or family member has this medication available on scene. Contact base for direct verbal order.

