

Date: August 2, 2013

Attention: All Calgary Zone EMS Staff

Re: EMS Care and Transport of Pediatric Patients with Adrenal Insufficiency

Patient _____ has **adrenal insufficiency**, a serious condition in which the body does not make steroids.

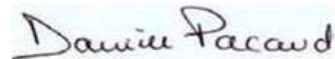
In periods of stress when increased steroids are needed or when the patient is unable to take his/her regular medications, he/she can develop an acute adrenal crisis which can be life-threatening. **This can present as nausea, vomiting, progressive lethargy, hypoglycemia and eventually poor perfusion and shock.** In this case rapid administration of stress dose corticosteroids is necessary and often lifesaving.

Please follow these steps when providing care to this patient:

- **Instruct the family to give their home IM solu-cortef injection if they have the kit available. It is a safe medicine and potentially lifesaving.**
- **If the family and/or patient does not have their IM solu-cortef kit, defer steroid therapy (do not administer dexamethasone) and immediately transport to nearest Emergency Department.**
- All resuscitation maneuvers should be performed as per the AHS EMS Medical Control Protocols (MCPs), including defibrillation, airway management, medication administration and fluid resuscitation.
- Assess for possible hypoglycemia (very common in adrenal crisis) and treat as per protocol.
- Instruct the family to bring a copy of their "Illness Management Guidelines" letter to take to the hospital with them.
- All stable patients should be transported to the Alberta Children's Hospital.
- **If the patient presents with any of the following: progressive lethargy, hypoglycemia, poor perfusion or shock, consider the patient as unstable and immediately transport to the nearest appropriate Emergency Department.**



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