

**San Angelo Independent School District Health Services  
ADRENAL CRISIS ACTION PLAN**

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent name and contact numbers: \_\_\_\_\_

The above student is cortisol dependent because of \_\_\_\_\_ diagnosis. This condition can result in acute adrenal crisis that can be a life threatening state caused by insufficient levels of cortisol, which is a hormone produced and released by the adrenal gland. He/she is on oral hormone replacement that must be given daily. The student can go into shock requiring emergency treatment if they do not receive this medication. Risk factors for acute adrenal crisis include physical stress such as infection, illness, dehydration, or trauma. An intramuscular injection (IM) of Solu-Cortef (an injectable corticosteroid) may need to be given if the student is unable to take cortisol replacement by mouth.

**Signs and symptoms of not enough cortisol (acute adrenal crisis):**

- Nausea or vomiting
- Dizziness
- Cold, clammy skin
- Confusion
- Dark circles under the eyes
- Severe pain in stomach, legs and back
- Weakness
- Pale Face
- Signs of dehydration
- Decrease temperature
- Fast heart rate or breathing

**If the following happens:**

<b>Minor illness or stress, such as:</b>	<b>Do this:</b>
Fever greater than 101 Mild vomiting (1 time) Illness such as throat or ear infection, pneumonia, flu Trauma (such as broken bone or severe bleeding)	Give the following stress dose:  _____

<b>Major illness or stress, such as:</b>	<b>Do this:</b>
Repeated vomiting (more than once) or diarrhea Unconsciousness (passed out or unable to arouse) Serious injury such as broken bone or surgery	Cortisol injection that needs to be administered ASAP when having repeated vomiting or emergency as previously outlined:  _____  Call 911 Call parent(s)/guardian(s) <b>DO NOT HESITATE TO ADMINISTER IM MEDICATION OR CALL EMERGENCY MEDICAL SERVICES EVEN IF PARENTS CANNOT BE REACHED.</b>

Please note if there are any questions, contact the parent/guardian.

**Parent or Guardian accepts responsibility for the following:**

1. Providing oral stress dose and Solu-Cortef IM injection in an unexpired vial to the school nurse upon student enrolling in San Angelo ISD. Medication must be properly labeled from the pharmacy.
2. Promptly communicating changes in the student's physical condition with the school nurse and/or school staff.
3. Provide updated Action Plan yearly and for changes in emergency doses signed by the physician.
4. Provide and keep current emergency numbers to be used for contacting parent in case of emergency.
5. Will discuss with the school nurse side effects observed from previous Solu-Cortef IM injections (if any).

\_\_\_\_\_  
Parent/Guardian's Signature                      Date

\_\_\_\_\_  
Doctor's Signature                                      Date

\_\_\_\_\_  
Nurse Signature                                      Date Received

\_\_\_\_\_  
Doctor's Printed Name                              Phone#