



# ADRENAL INSUFFICIENCY Emergency Care Plan / 504

Student Photo

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

School Year: \_\_\_\_\_

Grade: \_\_\_\_\_

Advisor \_\_\_\_\_

Transportation:  Walker  Car  Bus Rider – Bus number: \_\_\_\_\_

**HEALTHCARE PROVIDER: Please complete and sign medical orders below.**

### DAILY MEDICATIONS

**Daily Medication at School:**

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Student may carry and self-administer daily medications:  Yes  No

**72-Hour Medications:** Medication required in the event of a major disaster at school. 72-hours of \_\_\_\_\_ medication, time(s): \_\_\_\_\_ Route: **Oral** Dose: \_\_\_\_\_.

### MILD/MODERATE SIGNS AND SYMPTOMS:

If student displays one or more of the following mild/moderate signs and symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow these steps:**

1. Contact parent/guardian. If parent cannot be reached, contact emergency contact(s).
2. Administer hydrocortisone: \_\_\_\_\_ mg, by mouth.
3. If, after receiving oral hydrocortisone, the student begins to display one or more of the severe signs and symptoms below, follow steps under severe signs and symptoms.
4. If student is on the bus with onset of mild symptoms, notify parent/guardian.

### SEVERE SIGNS AND SYMPTOMS:

If student displays one or more of the following severe signs and symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow these steps:**

*In the absence of a school nurse, call 911 and notify paramedics that student needs Solu-Cortef administered for Adrenal Insufficiency.*

1. Notify nurse to administer Solu-Cortef: \_\_\_\_\_ mg, intramuscularly into thigh muscle.
2. Activate EMS, call 911.
3. Contact parent/guardian. If parent/guardian cannot be reached, contact emergency contact(s).
4. See Emergency Intervention Chart & call students Endocrinology team at: **phone:** \_\_\_\_\_
5. If student is on the bus with onset of severe symptoms call 911 and notify paramedics that student needs Solu-Cortef administered for Adrenal Insufficiency.

Healthcare Provider's Signature: \_\_\_\_\_  See Orders Date: \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name	Phone	Relationship
1.		
2.		
3.		

**PARENT/GUARDIAN CONSENT – You must complete and SIGN**

I request that authorized school personnel assist my child to take the medicine(s) described above. (if no box is checked, this option is the default.)

I request that my child be permitted to self-administer the medicine(s) described above. I will hold harmless and indemnify the District, its officers, employees and personnel against all claims of liability arising out of the student’s self-administration or carrying of medication.

I am at least 18 years old and sign this form on my own behalf (RCW 26.28.015 or RCW 70.02.130).

I consent to the evaluation and accommodation plan here provided, and have received a copy of Section 504 Parent/Student Rights.

My signature indicates my permission for the exchange of information between school staff and the health care provider, and my understanding that the District and school staff will not incur any liability for any injury when the medication is administered in accordance with the health care provider’s direction and Washington law. I understand that if this is a plan for a life-threatening condition it can only be discontinued, in writing, by a healthcare provider.

\*\*The permission to possess and self-administer medication may be revoked by the school nurse if it is determined that your child is not safely and effectively possessing and self-administering medication.\*\*

\*\*It is strongly recommended that extra medication be provided and stored in the school health room.\*\*

**Parent/Guardian Signature:**

**Date:**

**School Nurse – Complete this section.**




**School Nurse:**

**Date:**

A copy of this plan is available in Skyward and will be kept in the school health room and copies will be given to:

Teachers/Specialists    Transportation    Coach    Other:   **Addendum:**    AI Emergency Intervention Chart

## EMERGENCY INTERVENTION CHART

	<p><b>Daily Maintenance – “Usual dosing” at home</b></p> <ul style="list-style-type: none"> <li>• Take these medications EVERY day</li> <li>• To be given with or without food</li> </ul>	<p><b>Hydrocortisone - Strength: 5mg/10mg/20mg</b>                  Take _____mg (____tabs) in a.m.                  Take _____mg (____tabs) in p.m. (around noon)                  Take _____mg (____tabs) in p.m.</p> <p><b>Fludrocortisone – Strength: 0.1mg tablet</b>                  Take _____mg (____tabs) in a.m.                  Take _____mg (____tabs) in p.m.</p>
	<p><b>Sick day Management – “Stress dosing”</b></p> <ul style="list-style-type: none"> <li>• Needed during times of illness or injuries for duration of illness</li> <li>• <b>Give if you have any of the following:</b> <ul style="list-style-type: none"> <li>○ Fever 100.4F (38.0C) or higher</li> <li>○ Diarrhea</li> <li>○ Viral illnesses that would keep you from school/daycare</li> <li>○ Infections requiring antibiotics</li> <li>○ Serious trauma such as broken bones or head injury</li> <li>○ Continue “stress dosing” for 24 hours AFTER the fever/stress has resolved.</li> </ul> </li> <li>• Resume usual (maintenance) hydrocortisone when stress/illness has resolved.</li> </ul>	<p><b>Hydrocortisone - Strength: 5mg/10mg/20mg</b>                  Take _____mg (____tabs) every 6 to 8 hours</p> <p><b>Fludrocortisone – Strength: 0.1mg tablet</b>                  Take _____mg (____tabs) in a.m.                  Take _____mg (____tabs) in p.m.</p> <p>Page Endocrinology Team if you have to stress dose for longer than 1 week.</p> <ul style="list-style-type: none"> <li>• <b>206-987-2000</b> – SCH operator and ask to page the “RN or Endocrinologist on-call”</li> </ul>
	<p><b>Emergency management – Solu-Cortef Injection</b></p> <ul style="list-style-type: none"> <li>• <b>If you are unable to take your oral medicine (by mouth) you will need hydrocortisone by Injection</b></li> <li>• Give the injection if you have any of the following:                     <ul style="list-style-type: none"> <li>○ Unable to keep down oral (by mouth) medicine</li> <li>○ Repeated vomiting</li> <li>○ Unconscious</li> <li>○ Seizure activity (if not previously diagnosed with seizure disorder)</li> </ul> </li> </ul>	<p><b>Solu-Cortef Injection (100mg in 2mL)</b></p> <p>Give _____mg (____mL) IM</p> <ol style="list-style-type: none"> <li><b>1. Do not wait to give the injection!</b></li> <li><b>2.</b> After Injection given, go to closest Emergency Room or CALL 911</li> <li><b>3.</b> Give EMS/ER staff Adrenal Insufficiency Emergency Response Card</li> </ol>