St. Charles Parish Public Schools

Protocol for Solu-Cortef Administration

Rationale:

St. Charles Parish Public Schools recognizes the importance of implementing a protocol for Solu-Cortef administration. Solu Cortef is administered for Emergency treatment of acute adrenal crisis and shall be administered safely and in a timely manner.

Law

Administration of Medication law

Orders

Parents of students with a diagnosis of adrenal insufficiency shall provide the school with written instructions from the students' health care provider for handling an acute adrenal crisis and all necessary medications for implementing the student specific order on an annual basis. This protocol **does not** extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

School Nurse

When a student diagnosed with adrenal insufficiency enters a school, the school nurse is the lead team member in assessing the needs of the student, performing a nursing appraisal/assessment and developing a care plan that meets the needs of the student in school. The school nurse is responsible for making all other school personnel involved with the student aware of the student's needs.

The school nurse is responsible for obtaining the student's medical/health history from the parent/guardians and health care providers. The school nurse is also responsible for obtaining any physician's orders regarding health services required by the student during the school day (diet restrictions, medications, accommodations, etc.).

Individualized Health Plan

An Individualized Health Plan (IHP) shall be written for the student and discussed as part of the student's IEP, if applicable. A copy of the IHP shall be included with the student's IEP, if applicable.

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Delegation:

The school RN may delegate administration of Solu-Cortef to a trained unlicensed school employee (TUSE) only if the following requirements have been met:

1. The school RN has assessed the school environment, the clinical acuity of the student, including the overall complexity of the student's healthcare problems and has developed the IHP.
2. The school RN has determined that according to the LSBN rules and regulations, delegation of Solu-Cortef is safe and appropriate for the specific student in the school setting.
3. The environment, student condition, and the competency of the TUSE meet the LSBN criteria for delegation of nursing functions.
4. The school TUSE has the capability to communicate with the school RN for supervision and assistance at all times.
5. If the school RN delegates to the TUSE, then two additional full-time qualified unlicensed school personnel must be identified and trained in student specific procedures.
6.. The school RN remains responsible for the total nursing care of the student, decision making regarding delegation and the use of Solu-Cortef.

Training:

Successful completion of training for administration of Solu-Cortef means that the licensed or trained unlicensed school employee must demonstrate, at a minimum, documented proficiency in the following:

1. General training in recognizing an adrenal crisis emergency.
2.. Documented proficiency of basic first aid for an adrenal crisis emergency..
3. The delegating school RN must conduct student-specific training, including the procedures provided by the manufacturer, before the TUSE can administer Solu-Cortef.
4. At least two full-time TUSEs must be trained in the procedure for the students prescribed Solu-Cortef.
5. Documented understanding of the student-specific parameters for use of Solu-Cortef in the school setting.
6. Documented proficiency in procedures necessary after administration of Solu-Cortef in the school setting.
7. Documented proficiency in standard procedures and universal precautions.
8. Understanding that administration of Solu-Cortef must be reported to the school RN immediately after its use.
9. Reviewing of procedure must be updated every 3 months, as well as when there are any changes in the Solu-Cortef order.
10. Attendance is required at other training such as CPR, Back Care/Body Mechanics, as deemed necessary by the school RN.
11. The delegating school RN must document, and maintain documentation that the TUSE has successfully completed student-specific training in Solu-Cortef administration.

Procedure:

Adrenal Crisis: Injectable Hydrocortisone (Solu-Cortef®) or Methylprednisolone

Students diagnosed with adrenal insufficiency experience an endocrine, or hormonal, disorder when their body is unable to produce enough adrenal hormones to maintain and regulate key functions in the body. In the school setting, the circumstances that may trigger an adrenal crisis include illness, such as a fever or the flu; an injury or trauma, such as a head injury, concussion or broken bone; exposure to stressful situations, such as a fire drill; or missing or stopping maintenance cortisol replacement medications.

The above signs and symptoms can also be indicative of many other illnesses or diseases. School staff must be familiar with the individual student's healthcare plan to identify any of the above signs of a possible adrenal crisis as quickly as possible. The student's healthcare provider will provide a list of what symptoms may be classified as mild or severe for the student, along with the appropriate steps to take.

Mild symptoms may require the student to take an oral stress medication (such as hydrocortisone) while the parent is contacted, and the student continues to be observed to ensure that symptoms do not become more severe.

If the student cannot take the oral stress medication due to repeated vomiting or episodes of diarrhea, or unconsciousness, then an injectable form of hydrocortisone or methylprednisolone (such as Solu-Cortef® or Solu-Medrol®) must be administered to the student intramuscularly (IM), into the location designated by the prescriber. A school staff member must contact EMS/ 9-1-1 while an appropriately trained staff member administers the injection.

Severe signs and symptoms of an impending Adrenal Crisis include:

- Headache;
- Dark circles under eyes;
- Nausea or vomiting;
- Stomachache and/or loss of appetite;
- Diarrhea;
- Severe low back pain or leg pain;
- Muscle weakness or cramping;
- Fever (over 100.4°F);
- Signs of dehydration such as dry tongue or thirst, not urinating;
- Lethargic – cannot stay awake;
- Dizziness with trouble focusing or confusion;
- Faints or passes out; and
- Unusual changes in student's emotional behavior - upset, angry, or tearful.

Treating a student in Adrenal Crisis:

1. **Do not leave the student unattended.**
2. Inform the EMS dispatcher of the type of medication given.
3. Contact the parent or legal guardian.
4. Students shall be seen by a physician. The student's health may not immediately improve after the medication is given.
5. Do not delay or second guess whether the student is in crisis; administer the medication according to the Six Rights of Medication Administration and as directed in the student's individual healthcare plan.

Storage of Solu-Cortef® or Solu-Medrol®

Oral medication shall be stored at room temperature and away from excess heat and moisture.

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Injectable medication such as an Act-o-Vial® of Solu-Cortef® or Solu-Medrol® shall be stored at room temperature in a dry place protected from light. The powder must be reconstituted with the two (2) ml of sterile water and shall not be mixed until just before it is injected during an adrenal crisis emergency. The solution shall only be used if it is clear.

Access to Medication

The medication must be readily available and secured near the student. Transportation activities such as field trips or other off site functions must be considered when planning emergency measures for possible treatment of adrenal crisis. Depending on the age of the student and school division policies, it may be advisable for students to carry their own medication during these special activities and trained school personnel must accompany the student.

Materials Needed for Medication Administration

- Medication
- Syringe
- Alcohol swabs
- Sharps container
- Cotton balls or tissue
- Non-sterile gloves

Preparation for Medication Administration

Ask a Staff Member to **Call 9-1-1 Now**!

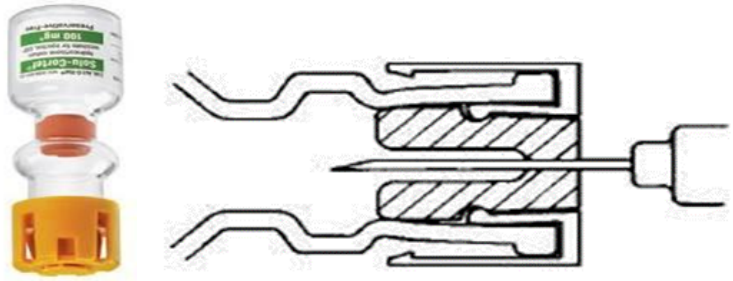
1. Check the student's healthcare plan and healthcare provider's order. It is critical that the Six Rights of Medication Administration are followed.
2. Assemble medication and check expiration date; gather necessary supplies.
3. Consider the location on the student's body where medication will be injected. Provide privacy and comfort for students, especially if articles of clothing must be removed from mid-thigh or upper arm areas. It is suggested that two school staff members be present, if possible.
4. Wash hands and put on gloves.

[Use of Act-o-Vial brand medication]

Protocol for Solu-Cortef Administration

1. Press down on the plastic activator (top) of the medication Act-o-Vial® to force diluent into the lower chamber with the powdered medication.
2. Gently mix the solution by turning the vial upside down several times. DO NOT SHAKE. (The solution is initially cloudy but then clears. If the solution is not clear, do not administer, and wait for rescue personnel to arrive.)
3. Remove the plastic tab-covering center of the stopper. Do not touch the top of the stopper after the tab is removed.
4. Wipe the top of the vial with an alcohol swab.
5. Take the cap off the syringe. Insert needle squarely through the center of the plunger-stopper until the tip is just visible. **Do not inject air.**
6. Turn the bottle upside down and withdraw required dosage of solution, per healthcare provider's order. If there is any air in the syringe, turn the needle upward and gently tap on the syringe allowing air bubbles to rise to the top of the syringe. Push air out by gently pushing on the plunger until you get to the solution.

Unopened Act-o-Vial® and needle insertion through stopper



Some types of injectable medication may need to be reconstituted and mixing of the powdered drug is required by the healthcare provider's order.

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Student's Name: _____Date of Birth: _____

Person Trained: _____ Position: _____

Knowledge Sets	**Demo Date**	**Return Demonstration Dates**					
Summarizes the general information of adrenal insufficiency							
Identifies signs and symptoms of adrenal crisis and triggers that may cause it							
Describes the medications used to treat adrenal insufficiency and a crisis							
Verbalizes understanding of situations that would require emergency injection of Solu-Cortef							
SKILL SETS	Demo Date	**Return Demonstration Dates**					
Identifies student, and when to administer Solu-Cortef							
Identifies when to call 911 and the parent/guardian							
Demonstrates correct preparation of Solu-Cortef							
Demonstrates correct steps in administration techniques							
Explains evaluation and follow-up necessary when administering Solu-Cortef							

Student Specific/Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*
____ **FAIL** *Practical must be repeated.*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature