Adrenal Insufficiency School Action Plan

School Year: _____

Student: _____

Grade/Teacher: _____

Parent/Guardian #1: _____

Phone: _____

Parent/Guardian #2: _____

Phone: _____

SOLU-CORTEF

Dose: _____

Location:



- ☐ Nurse's Office
- ☐ Classroom
- ☐ Backpack
- ☐ Office

Green Zone – Monitor – No Action Required

- Runny nose
- Cough
- Minor fall
- Minor bump
- Small cut with minimal bleeding

Yellow Zone – Stress Dose Required – ACTION REQUIRED

Call parents if you observe:

- Fever
- Diarrhea (first instance)
- Vomiting (first instance)
- Moderate Fall / Head bump
- Suspected sprain or injury
- Lethargy, excessive tiredness

Excessive or unwarranted red cheeks, dark circles under eyes, or pale face

Stress dose with hydrocortisone tablets per medication orders.

Dose: _____

RED Zone – ACTION REQUIRED

Give SOLU-CORTEF & Call 911, then call parents

if you observe:

- Suspected broken bone
- Concussion
- Severe injury or deep laceration
- Unresponsive / Unconsciousness
- Excessive/persistent vomiting (oral dosing cannot be held down and 2 or more attempts have been made)

Solu-Cortef IM injection

Dose: _____

DO NOT WAIT FOR AMBULANCE

ADMINISTER SOLU-CORTEF IMMEDIATELY!

Many ambulances do not carry this medication and waiting to inject could mean serious injury, permanent disability, or DEATH.

I give permission to treat and transport my student in an emergency according to the above plan. I understand every effort will be made to transport my child to our preferred hospital, but there may be instances where they may be transported to another hospital instead.

Our preferred hospital is: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Provider Printed Name: _____ Provider Phone: _____

School Nurse Signature: _____ Date: _____