



Individualized Health Care Plan

Student Name:

School Year:

Adrenal Insufficiency Individualized Healthcare Plan

Disease Overview:

ADRENAL INSUFFICIENCY

Adrenal insufficiency is an endocrine, or hormonal, disorder that occurs when the adrenal glands do not produce enough certain hormones. The adrenal glands are located just above the kidneys. Adrenal insufficiency can be primary or secondary. Addison's disease, the common term for primary adrenal insufficiency, occurs when the adrenal glands are damaged and cannot produce enough of the adrenal hormone cortisol. The adrenal hormone aldosterone may also be lacking. **Secondary adrenal insufficiency** occurs when the pituitary gland—a pea-sized gland at the base of the brain—fails to produce enough adrenocorticotropin (ACTH), a hormone that stimulates the adrenal glands to produce the hormone cortisol. Suppose ACTH output is too low, and cortisol production drops. Eventually, the adrenal glands can shrink due to a lack of ACTH stimulation. Secondary adrenal insufficiency is much more common than Addison's disease. Adrenal hormones, such as cortisol and aldosterone, play critical roles in the functioning of the human body, such as regulating blood pressure, metabolism, the way the body uses digested food for energy, and the body's response to stress.

The most common symptoms of adrenal insufficiency are:

- chronic or prolonged lasting fatigue
- muscle weakness
- loss of appetite
- weight loss
- abdominal pain

Other symptoms of adrenal insufficiency can include:

- irritability and depression
- craving salty foods
- hypoglycemia, or low blood sugar
- nausea, vomiting and diarrhea
- low blood pressure that drops further when a person stands up, causing dizziness or fainting
- headache
- sweating
- irregular or absent menstrual periods in women
- hyperpigmentation (only in Addison's, not secondary AI)

ADRENAL CRISIS

Sudden, severe worsening of adrenal insufficiency symptoms is called adrenal crisis. In most cases, symptoms of adrenal insufficiency become severe enough that people seek medical treatment before an adrenal crisis occurs. However, sometimes, symptoms appear for the first time during an adrenal crisis.

Symptoms of adrenal crisis include.

- sudden, severe pain in the lower back, abdomen, or legs
- severe vomiting and diarrhea
- dehydration
- low blood pressure
- confusion or loss of consciousness

If not treated, an adrenal crisis can cause death.

STUDENTS EXPERIENCING ADRENAL CRISIS MUST BE TREATED AT SCHOOL IMMEDIATELY



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PROCEDURE FOR CORTISOL MAINTENANCE AND EMERGENCY ACTION

EDIT EACH SECTION ACCORDING TO STUDENT SPECIFICATIONS AND PROVIDER IDENTIFIED SYMPTOMS AND DOSING.

FOR	ADMINISTER
<p>A. Routine Hydrocortisone</p> <p>Daily cortisol replacement therapy is critical to sustaining life for a child with adrenal insufficiency.</p> <p>Daily Maintenance</p>	<p>☐ Family will administer all doses at home.</p> <p>☐ Caregiver/Medication Trained Personnel will administer the following doses at school:</p> <p>☐ Hydrocortisone _____ mg every morning</p> <p>☐ Hydrocortisone _____ mg every afternoon</p> <p>☐ Doses will be kept at school for unanticipated events (See Box B)</p>
<p>B. Stress Dose:</p> <p>Additional cortisol may be required when the child is sick or physically stressed. This is called "stress dosing," which mimics the body's natural increases in cortisol production under certain circumstances. Stress dosing includes giving 2-3 times the normal dose of cortisol (or hydrocortisone). It is not needed for mild issues such as runny noses or coughs.</p> <p>For Minor Signs and symptoms</p> <ul style="list-style-type: none"> Onset of fever Minor injury Onset of illness Stomachache, Nausea, vomiting x 1 Diarrhea Ill appearance, flushed cheeks, dark circles under eyes 	<ol style="list-style-type: none"> For fever > 100°F, Administer _____ mg of oral hydrocortisone immediately, per MD order. For vomiting or diarrhea, Administer _____ mg of oral hydrocortisone immediately, per MD order. For injury minor injury, Administer _____ mg of oral hydrocortisone immediately, per MD order. Dismiss student to parents. Notify RN If the student begins to exhibit signs and symptoms of adrenal crisis, prepare to administer Solu Cortef (See box C) Complete required documentation (Medication Administration Record, Incident report if applicable)
<p>C. Adrenal Crisis</p> <p>When the child experiences a significant stressor, an emergency dose will be required to mimic the body's response and prevent the adrenal crisis from occurring.</p> <ul style="list-style-type: none"> Is unable to take oral hydrocortisone or keep it down Has chills/fever >100 °F Persistent vomiting, more than 2 episodes Sustained broken bone or significant injury Has a persistent headache Exhibits confusion, change in level of consciousness, or loss of consciousness Experiences a seizure (with no prior seizure history) 	<ol style="list-style-type: none"> Administer Solu-Cortef: _____ mg, intramuscularly into thigh muscle. (trained staff only) See Procedure for Emergency Solu-Cortef Injection Activate EMS. Contact parent/guardian. If a parent cannot be reached, contact emergency contact(s). Contact RN