

CORTISOL DEPENDENT SCHOOL INSTRUCTIONS

Student Name: _____ **DOB:** _____

School: _____

Parent/Guardian: _____ **Contact #** _____

Pediatrician: _____ **Contact #** _____

Endocrinologist: _____ **Contact #** _____

_____ **is Cortisol dependent**, and requires hormone replacement that must be given several times a day. It is very important that the student does not miss a single dose of this medication. If the student does not have enough Cortisol, they can go into shock, requiring emergency treatment. During times of stress, the student will need extra Cortisol medication (stress dose). If the student is unable to take Cortisol by mouth, the medication will have to be given by an injection.

Stress Includes:

- Fever >101 degrees Fahrenheit
- Vomiting, illness (such as throat or ear infection, pneumonia, flu)
- Trauma (such as broken bone or severe bleeding)

Examples of when an injection needs to be given:

- Repeated vomiting (more than once) or diarrhea
- Unconsciousness (passed out or unable to arouse)
- Serious injury (such as a broken bone or surgery)

Signs and symptoms of not enough Cortisol (Acute Adrenal Insufficiency):

- Nausea or vomiting
- Cold clammy skin
- Fast heart rate
- Fast breathing
- Weakness
- Pale face
- Dizziness
- Confusion
- Severe pain in stomach, legs, and back
- Decreased temperature
- Signs of dehydration (such as dry tongue, thirst)
- Dark circles under the eyes

Specific Instructions (check all that apply):

- If there are questions, the parent/guardian should be called. If further instruction is needed, the parent/guardian should contact the endocrine office.
- Maintenance Cortisol replacement dose:

- Cortisol replacement medication that needs to be administered at school:

- Stress dose that needs to be given during illness or injury:

- Cortisol Injection that needs to be administered when vomiting, diarrhea, or emergency (such as unconsciousness, broken bone): _____
- During an emergency situation, the school should call 911, and trained personnel should administer the Cortisol injections.**

Physician Signature: _____ **Date:** _____




Parent/Guardian Signature: _____ **Date:** _____

**ADRENAL INSUFFICIENCY ACTION PLAN
(INCLUDING SICK DAY & EMERGENCY MANAGEMENT)**

Date: ___/___/___ (should be updated annually)

Name: _____ **DOB:** ___/___/___ **Age:** ___ years ___ months **Weight:** ___ kg BSA ___ m²

Cause of adrenal insufficiency: CAH / Addison disease / Hypopituitarism / Iatrogenic adrenal insufficiency / Other _____

| Situation | | Instructions |
|---|--|--|
| <p>Maintenance (usual) doses</p> <ul style="list-style-type: none"> Take these doses on a daily basis when well |  | <p>Medication: Hydrocortisone / Prednisone</p> <ul style="list-style-type: none"> Take ___ mg (___ tab) at ___ AM Take ___ mg (___ tab) at ___ PM Take ___ mg (___ tab) at ___ PM <p>Medication: Fludrocortisone</p> <ul style="list-style-type: none"> Take ___ mg (___ tab) at ___ AM / PM |
| <p>Sick Day Management (“Stress Dosing”)</p> <ul style="list-style-type: none"> With any physical stress such as infections or injuries, the body needs higher amounts of hydrocortisone. At the onset of fever (above 100.4F), infection that requires antibiotics, vomiting, diarrhea, or fracture, start using the higher doses for 24 to 48 hours. Resume usual (maintenance) doses of hydrocortisone when fever/stress has resolved. **Stress dosing should continue for 24 hours after the end of the “stress” |  | <p>Medication: Hydrocortisone / Prednisone</p> <ul style="list-style-type: none"> Take ___ mg (___ tab) every 6 hours / every 8 hours Stress dose is typically double or triple usual daily dose. |
| <p>Emergency Management (Solu-Cortef Injection)</p> <ul style="list-style-type: none"> When unable to tolerate oral medication, hydrocortisone by injection will be necessary. In the event of severe illness, trauma, inability to tolerate oral hydrocortisone, unconsciousness, or repeated vomiting, administer Solu-Cortef by intramuscular (IM) injection. <p>STUDENT WILL NEED URGENT MEDICAL ATTENTION AND IV FLUIDS</p> |  | <p>Solu-Cortef (100mg in 2mL)</p> <ul style="list-style-type: none"> Administer ___ mg (___ mL) by IM injection <p>Go to Emergency Department or Call 911</p> <p>Call Endocrinology Team at: _____</p> <p>Provider Name and Phone: _____</p> <p>_____</p> |

Physician Signature/Contact Number: _____ Date: _____

Parent Signature/Contact Number: _____ Date: _____