NYC REMAC

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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

As diverse as the people of our City are the disease entities our medical professionals encounter, both in and out of hospital. Not all the medical conditions encountered will be immediately identifiable. In those instances when a paramedic encounters a patient complaining of a disease entity that is unknown or unfamiliar, or the patient and/or his/her family/care-givers request a specific intervention, paramedics shall contact Medical Control for discretionary orders.

In order to better meet the medical needs of our patients, the following language has been added to the General Operating procedures: *"If a paramedic is advised of an unfamiliar disease entity and if a specific intervention is requested, he/she shall contact medical control for discretionary orders. Paramedics will be allowed to administer a patient's own prescribed medication, as long as the medication is on the regional formulary, with prior permission of medical control. On Line Medical Control Facilities shall keep a log citing unfamiliar disease entities that medics come across so that medical control physicians/centers in the region can be kept informed. "*

The following medication has been added to the regional formulary:

Hydrocortisone (Solu-Cortef) for acute adrenal insufficiency or Addisonian crisis. Solu-Cortef is the preferred medication for patients diagnosed with congenital adrenal hyperplasia, or other condition predisposing the patient to acute adrenal insufficiency or Addisonian crisis.

It is NOT required that Hydrocortisone be carried on ALS Units.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Attachments:

- *Information on Acute Adrenal Insufficiency (Adrenal Crisis)*
- *Statement developed by the New York State Emergency Medical Advisory Committee (SEMAC)*

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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Chair, Regional Emergency Medical Advisory Committee of New York City

Information Sheet

Acute Adrenal Insufficiency (Adrenal Crisis)

Acute Adrenal Insufficiency (Adrenal Crisis) is a life-threatening condition that occurs when there is not enough coritsol, a hormone produced by the adrenal glands, in a person's body.

The signs and symptoms of Acute Adrenal Insufficiency (Crisis) include:

- nausea
- fever
- pallor
- confusion
- weakness
- tachycardia
- tachypnea
- hypotension / shock

Other methods to identify a patient with adrenal crisis:

- medical alert tag/bracelet/necklace
- family **or** medical staff confirmation of the patient's condition
- a doctor's note
- presence of the patient's own prescribed Solu-Cortef

If left untreated, Adrenal Crisis can result in death.

The online training tool which was developed in conjunction with the University of New Mexico can be accessed here: http://hsc.unm.edu/emermed/PED/emsc/training/adrenal/adrenal.html

Additional educational materials will be posted on the REMSCO website (www.nycremsco.org)

NYS SEMAC Statement on Acute Adrenal Insufficiency or Addisonian Crisis

Adult and Pediatric ALS Protocol Changes

This document is designed to be used as a template and guidance document for any Regional Emergency Medical Advisory Committees that chooses to consider use of Solu-Cortef or Solu-Medrol within their regions. This document has been approved by REMSC and then by SEMAC and SEMSCO.

Such regions can insert the information in to existing protocols without following the required regional protocol submission process. These regions will still be required to send the required copies of the protocol to the DOH BEMS for confirmation.

1. Addition: administration of either Hydrocortisone (Solu-Cortef) orMethylprednisolone (Solu-Medrol) for acute adrenal insufficiency or Addisonian crisis.

2. Solu-Cortef is the preferred medication for patients diagnosed with congenital adrenal hyperplasia, or other condition predisposing the patient to acute adrenal insufficiency or Addisonian crisis.

3. Solu-Medrol remains the preferred medication for patients diagnosed with bronchial asthma or chronic obstructive pulmonary disease predisposing the patient to severe respiratory distress or respiratory failure.

4. An important reminder is that in 2003 there was a shortage of both of these medications. After further FDA approvals, the drugs' manufacturer, Pfizer, was allowed to produce larger quantities of Solu-Cortef, thereby reducing the cost of the medication.

5. Using established treatment criteria in use within the emergency medical community and in particular prehospital use, the following are suggested allowable changes to regional ALS protocols for Paramedics and Critical Care Technicians regarding treatment of patients with actual or impending acute adrenal insufficiency or Addisonian crisis:

    a. Initiate shock or other patient pertinent protocols to include patient positioning, oxygen, normal saline infusion, and dextrose administration if required by blood sugar testing, etc.

    b. If the patient is additionally confirmed (via medical alert bracelet, patient records, family or medical staff confirmation, etc.) to have a disease (such as congenital adrenal hyperplasia) that could lead to acute adrenal insufficiency or Addisonian crisis, administer one of the following:

        i. Hydrocortisone Sodium Succinate (Solu-Cortef) at 2 mglkgIV push not to exceed 100 mg, or

        ii. Methylprednisolone (Solu-Medrol) at 0.4 *mglkg* IV push not to exceed 125mg.

6. Patients who are confirmed to be diagnosed with a disease that could lead to acute adrenal insufficiency or Addisonian crisis, but are not in a state of compensated or decompensated (hypotensive) shock, may also benefit from the administration of Solu-Cortef or Sob-Medrol.

   The early signs and symptoms of patients with diseases predisposing to acute adrenal insufficiency who may not yet be in Addisonian crisis include: pallor, dizziness, headache, weakness or lethargy, abdominal pain, nausea or vomiting, and hypoglycemia. In such patients, early administration of Solu-Cortef or Solu-Medrol may avoid the progression to decompensated (hypotensive) shock, heart failure, and possible death.

   Note that the signs and symptoms described above may also be due to an acute medical condition other than actual or impending acute adrenal insufficiency or Addisonian crisis. Therefore, when in doubt that the patient's current medical emergency may be caused by acute adrenal insufficiency or Addisonian crisis, Paramedics and Critical Care Technicians should contact Medical Control to review the patient's past medial history and current physical findings, to determine if the patient may benefit from the administration of Solu-Cortef or Solu-Medrol.