



Adrenal Insufficiency Action Plan

Student Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

HEALTH CARE PROVIDER: Please complete and sign below

Risk factors for acute adrenal crisis include physical stress such as infection, illness, dehydration or trauma.

MILD SIGNS AND SYMPTOMS:

If student displays one or more of the following **mild** signs and symptoms: **(please list)** _____

Follow these steps:

1. Contact parent/guardian. If a parent cannot be reached, move on to emergency contacts.
2. Administer hydrocortisone, _____ mg, by mouth.
3. If, after oral hydrocortisone, the student begins to display one or more of these **severe** symptoms below, follow steps below.

SEVERE SIGNS AND SYMPTOMS:

If student displays one or more of the following **severe** signs and symptoms: **(please list)** _____

Follow these steps:

1. Administer Solu-Cortef, _____ mg, intramuscularly into a thigh muscle.
2. Activate EMS.
3. Contact parent/guardian. If a parent cannot be reached, move on to emergency contacts.
4. Contact health care provider.

Health care provider name: _____ Signature: _____

Date: _____ Phone: _____ Fax: _____

I give my permission to the school, school nurse, and unlicensed assistive personnel, and other designated staff members to carry out this action plan for my child. I consent to share this information to all staff who care for my child and who may need to know this information for my child's health and safety. I give the school nurse permission to contact my child health care provider about the above condition. I will notify extra-curricular staff of my child's condition.

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____

School nurse name: _____

School nurse signature: _____

Date: _____