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December 6, 2018

Ms. Dia Gainor

National Association of State EMS Officials

201 Park Washington Court

Falls Church, VA 22046-4527

Dear Ms. Gainor:

CARES Foundation, Inc. is a nonprofit organization that provides support to individuals and families affected by Congenital Adrenal Hyperplasia (CAH). Individuals with adrenal insufficiency, such as CAH, Addison Disease, or other conditions for which glucocorticoids are prescribed, are frequently at risk for fatal adrenal crisis during illness or injury. Adequate treatment is not always available through emergency response personnel.

Since 2009, CARES has advocated nationwide for local and state EMS agencies to adopt adrenal insufficiency protocols permitting the administration of hydrocortisone sodium succinate, the addition of injectable hydrocortisone to formularies, and training to recognize the signs of adrenal crisis. An ACEP article advises the following: "Hydrocortisone is the steroid of choice in an acutely ill patient presenting with acute adrenal crisis because it provides both glucocorticoid and mineralocorticoid effects." <https://webapps.acep.org/CriticalDecisionsTesting/PDFpubs/2012-07-july.pdf> A number of states now address acute adrenal insufficiency through EMS protocols and training, yet there is a lack of consistency in medication preference and dosing guidelines across the US. As a result, we have created the attached advisory that we will be sending to national emergency response organizations.


This EMS advisory clarifies the immediate needs of a person in adrenal crisis. No longer will EMS personnel have doubts regarding the immediate administration of the right medication at the right dose to save the life of someone with adrenal insufficiency. Adherence to these recommendations will minimize subsequent need for medical intervention and decrease unnecessary draws on medical resources.

With up to 3% of the US and UK populations currently taking adrenal-suppressing glucocorticoids (Woods, 2015), there is a substantial portion of the population who lack the ability to mount an adequate cortisol response during times of physical stress. Prompt intervention to prevent an adrenal crisis can significantly reduce mortality (up to 50%) (Willis, 2014). This EMS advisory reflects evidence-based treatment for adrenal crisis (Endocrine Society consensus-based guidelines, 2018).

In the letter that accompanies the advisory, we cite NASEMSO's National Model EMS Clinical Guidelines. As an organization that states hydrocortisone as the medication of choice (when available) for those in adrenal crisis, we are asking for your endorsement. Several supporting organizations (e.g. The Endocrine Society and Pediatric Endocrine Society), whose communities are affected by the risk of death due to adrenal crisis, are endorsing this advisory.

We appreciate your consideration and look forward to your response. Please do not hesitate to contact us with feedback or questions.

Sincerely,



Dina M. Matos  
Executive Director



Karen Lin Su, M.D.  
Medical Director