



Texas School for the Blind and Visually Impaired

Adrenal Crisis Plan

Administered only by School Nurse

School Year: _____

Student's Name: _____

DOB: _____

This is a letter for our student _____, who has a diagnosis of threatening state caused by insufficient levels of cortisol, which is a hormone produced and released by the adrenal gland. An intramuscular injection (IM) of Solu-Cortef (an injectable corticosteroid) must be given as soon as possible to increase the chance for a quick recovery.

For one or more of the following symptoms below administer **Solu-Cortef** _____ **mg IM PRN**. This injection should be given immediately, and the patient should be promptly evaluated by a physician in the nearest emergency room (dial 911).

- Severe illness (e.g. Fever >101 degrees Fahrenheit, infection, etc)
- Serious Injury/Trauma (e.g. car accident, broken bone, etc.)
- Sudden concussion/unconsciousness
- Student has repeated vomiting and cannot keep down his oral medications
- Other _____

Student Specific instructions (give name of medication, dose, indication, and time):

Situation	Name of medication	Dose	Indication	Time
DAILY: Maintenance cortisol replacement				
STRESS dose needed to be given during minor illness/injury				
EMERGENCY MEDICATION: Injection to be given when vomiting/emergency/unconsciousness				

*Endocrinologist/Provider Signature: _____ Provider Name: _____

Office Phone Number: _____ Date: _____

(*This order is good for one year from signature date. Must be renewed yearly.)

I, the parent or guardian of _____, agree with his/her physician to allow the registered nurse (only) to administer the above prescribed dose of Solu-Cortef IM to my son/daughter. I understand that no school staff other than the registered nurse will be able to administer Solu-Cortef IM. In a situation where my child is off campus, the school staff will respond to my child's condition as an emergency and will immediately phone 911 for prompt medical care. The school staff will also make every attempt to send the available Solu-Cortef and the physician orders with the paramedics to the emergency room.

- Parent or Guardian accepts responsibility for the following:
1. Providing Solu-Cortef (un-expired vial) to the school nurse upon student enrolling in TSBVI. Medication must be properly labeled from the pharmacy.
 2. Promptly communicating changes in the student's physical condition with the school nurse and/or school staff.
 3. Provide updated Action Plan yearly and for changes in emergency doses signed by the physician.
 4. Provide and keep current emergency numbers to be used for contacting parent in the case of emergency.
 5. Will discuss with the school nurse side effects observed from previous Solu-Cortef IM injections, if any.

Parent/Guardian/Adult Student Signature: _____ Date: _____