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Email:

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[www.secamb.nhs.uk](http://www.secamb.nhs.uk)

Dear,

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 220135.

You requested the following information, please also see our response below:

**I would like to know your protocol for dealing with a patient who suffers with Addison's disease, a life threatening endocrine disorder.**

**I would like to know when IM/IV Hydrocortisone will be administered, which staff grades can administer it, do you allow Staff to make the decision to administer it even if it is not indicated due to the fact that Addison's disease patients can and do become unwell very quickly if adequate steroid cover isn't arranged.**

**Eg: known Addisons patient, who is involved in a RTC or has a trauma such as a fall and causes suspected bone injury, they should be administered 100mg Hydrocortisone IV if IV access has been established, if not then 100mg Hydrocortisone should be administered IM. But at that time the patient is showing little to no symptoms of an addisonian crisis, what autonomy do you allow staff to give the life saving medication**

SECamb (the Trust) allows clinicians to administer Hydrocortisone for patients with actual or suspected adrenal crisis in line with the UK Ambulance Services – Clinical Practice Guidelines.

The indications listed in the clinical practice guidelines include:

“Adrenal crisis (including Addisonian crisis) which is a time-critical medical emergency with an associated mortality. Adrenal crisis may occur in patients on long-term steroid therapy, either:

- As replacement therapy for adrenal insufficiency from any cause
- In long-term therapy at doses of 5+mg prednisolone, e.g. for immune suppression.

Administer hydrocortisone to:

1. Patients in an established adrenal crisis (IV administration preferable). Ensure parental hydrocortisone is given prior to transportation
2. Patients with suspected adrenal insufficiency or on long-term steroid therapy who have become unwell, to prevent them having an adrenal crisis (IM administration is usually sufficient)

NB if in doubt about adrenal insufficiency, it is better to administer hydrocortisone”

Our colleagues have access to remote Clinical Advice, and where doubt exists they can access a senior clinician for decision support that will be provided in line with legislation.

The following staff may administer Hydrocortisone in line with the Trusts Scope of Practice policy:

- Associate Practitioner
- Associate Ambulance Practitioner
- Technician
- Paramedic
- Paramedic Practitioner
- Critical Care Paramedic
- Nurse/Nurse Practitioner

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

[FOI@secamb.nhs.uk](mailto:FOI@secamb.nhs.uk)

Yours sincerely

**Freedom of Information Coordinator  
South East Coast Ambulance Service NHS Foundation Trust**