General Practitioner of:

Patient name: _____

Date of Birth: _____

Patient Address: _____

_____

_____

Hospital Consultant: _____

Dear Doctor

As you know we share the care of the above named patient who has Hypopituitarism. This is a complex condition and we believe this needs us to set out our objectives and include ways in which you could help us achieve this, as well as set out how we might provide the best and most appropriate joint care. We do appreciate the support you already give and we have set out the following outlines.

Hospital Responsibilities
We will take charge of monitoring of the above named patient with respect to the following:-

- Blood pressure monitoring.
- Medication dose changes.
- Arrangement of specialist hospital appointments.

We will also undertake a detailed annual review assessment of the condition. Please see our Clinic Leaflet for full details on this.

We will endeavour to keep you up to date with clinic letters and summaries of our annual review assessments.

General Health
From the Family Practitioner standpoint we would like you to provide general health care as you would in any of your patients which should include life style advice.

Emergency Care
There are several aspects that we would welcome your help with:

1. Arranging and ensuring the ease of access through Accident and Emergency to avoid unnecessary delays. We will start this off but it would be really helpful if you could check that this is available
2. Have a copy of the Emergency letter for all Health care Professionals at hand along with our Emergency Guidelines.
3. Allowing ***priority*** appointments with you for the above named patient when unwell and they telephone in for appointment.
4. Ensuring that your Practitioner Nurses and Out of Hours Services are aware of the emergency protocol and are familiar with the importance of increasing steroids when ill, as well as the correct dose of hydrocortisone which should be administered IM.

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Divisional Clinical Director for Paediatrics and Adolescents at UCLH

5. That the patient's condition is flagged on your system, so locum doctors, practice nurses are alerted that the patient is steroid dependant.
6. Although we cannot demand that our patients wear a medic alert we strongly advise they do this and the wording used should be 'adrenal insufficiency' and if you could support us in trying to reinforce the importance of wearing a medic alert at all times, it would be really helpful.

We have issued all our patients with new Adrenal Insufficiency Cards, which include emergency contact numbers, hospital instructions as well as information on how and when to increase medication. We are also busy setting up emergency protocols with ambulance services, which will allow paramedics to administer emergency IM injections, any help with this would be most appreciated.

Please note that our emergency numbers are always open to any of your staff, should they need advice on the care of patients with hypopituitarism.

Drug Interactions
This is important to consider especially with hydrocortisone as we often think of it as simply replacement therapy which it is.

However certain medications can alter and affect the way it delivers cortisol.

The main interaction we see is with the prescription of the oral contraceptive. This is associated with a need to alter the hydrocortisone dosing so always best if you are considering such a prescription to let us know beforehand. It would be helpful if this issue could be flagged on your system in female patients with hypopituitarism for future reference.

A full list of interactions is contained in our leaflet on hydrocortisone.

It is also important to remember hat if the dose of hydrocortisone is increased then if the patient I also taking DDAVP for diabetes insipidus the dose of this will also need increasing. In this situation we recommend that immediate management is sought by the Endocrine Team who will be able to titrate DDAVP and hydrocortisone doses with measures of plasma electrolytes

Work Place
We have made available a protocol sheet for the workplace which give detailed instructions on what to do in illness and emergencies. What would be helpful is if patients are issued with a repeat prescription of at least 4 vials of hydrocortisone for emergency care, as well as syringes and appropriate sized needles.

Please find attached a summary Care Sheet for your records.

On behalf of the Endocrine Team

Yours sincerely

Dr .....
The Endocrine Team at .....

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Hypopituitarism

SUMMARY PROTOCOL CARE SHEET FOR GENERAL PRACTITIONERS
HYPOPITUITARY PATIENTS

Patient flagged to be seen as soon as possible

EMERGENCY CARE
HYDROCORTISONE IM DOSES

Age range (years)	Dose (mg)
0 – 1	25
1 – 5	50
over 5	100

GENERAL ILLNESS

Level 1

Person is unwell and has a temperature over 38ºC. He/she is taking fluids.

1. In this situation then the hydrocortisone dose should be doubled or trebled.
2. If using twice a day Hydrocortisone increase the frequency of dosing to three times per day by adding dose at lunchtime.
3. Fluids that contain some sugar should be encouraged.

Level 2

The situation as in Level 1 but there is also associated vomiting.

If the patient has vomited 2-4 hours after the last dose of hydrocortisone then the last dose has probably been absorbed. But if he/she vomits within 2 hours of the last dose then:-

1. Give repeat double or triple dose orally. If this stays down fine and continue with double or triple dose orally.

2. If not and vomits it back within 2 hours then intramuscular hydrocortisone should be administered.

Following the administration of the intramuscular injection of hydrocortisone the patient should be admitted to hospital for observation for at least 12 hours.

Please note that the IM injection although a high dose, does not last in the body as cortisol longer, so double/triple dose should be given when the next dose is due, or 4 - 6 hours after initial injection.

General

All vaccines should be given (doses should be doubled if temperature develops in response to vaccine)

For females with hypopituitarism please flag that any contraception medication should be discussed with endocrinologist, due to the known altered clearance of hydrocortisone.

Encourage patients to wear medic alert!

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