

## GENERAL INFORMATION

AHC (Adrenal Hypoplasia Congenita which is also known as congenital adrenal hypoplasia) is a life-long condition which requires replacement treatment with several hormones and in particular hydrocortisone which makes up for the loss of cortisol (stress hormone). These medications need to be given several times daily even when a person with Adrenal Hypoplasia Congenita is well, so it is more than likely that a dose of hydrocortisone will need to be given during the day. It is very important that the dose is given on time and **not** forgotten as missing a dose could leave the child cortisol deficient.

Children with AHC should not be excluded from any activities or outings. The dose which would need to be taken in nursery hours must be considered when a child is going on an outing, a drink must be available to enable them to take their tablet. The emergency kit should also be taken.

## EMERGENCY KIT

The emergency pack will contain one of each of the following:-

- \* Copy of the Emergency letter protocol.
- \* Cotton wool ball.
- \* Alcohol wipe.
- \* Syringe and Needle.
- \* Ampoules of hydrocortisone for injection Efcortisol® which has been recently renamed Hydrocortisone Sodium Phosphate (100mg in 1ml) or Solu-Cortef® 100mgs in 2 mls. Solu-Cortef® comes in powder form with 1 vial of sterile water (2mls to mix), see insert on how to mix.
- \* How to give an injection of Efcortisol® information booklet.
- \* Remember the Emergency Intramuscular Hydrocortisone doses are:-

Age Range (years)	Dose (mgs)
0 — 1	25
1 — 5	50
Over 5	100

**PLEASE NOTE THAT IT IS VERY IMPORTANT TO ENSURE ALL MEDICATION IS IN DATE AND THAT ALL DETAILS ARE KEPT UP-TO-DATE ESPECIALLY ALL THE CONTACT TELEPHONE NUMBERS. WE RECOMMEND THAT YOU SUPPLY NEW FORMS AT LEAST ONCE A YEAR**

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*The ideas expressed are independent of the editor's affiliations. Data provided is from current literature and should always be discussed with your endocrinologist first"*



## Nursery Care Medical Management Plan

### Adrenal Hypoplasia Congenita

***Professor Peter Hindmarsh***

*Health professional, parents and families working together  
to provide the best support for babies and toddlers with  
Adrenal Hypoplasia Congenita whilst at Nursery*

**CHILD'S DETAILS AND CONTACT DETAILS**

Name: .....

Date of Birth: .....

Home Address: .....

.....

.....

..... Post Code: .....

Contact Information: *Please star preferred telephone number*

**Contact 1**

Name: .....

Relationship: .....

Telephone: Home Office:

Mobile:

**Contact 2**

Name: .....

Relationship: .....

Telephone: Home Office:

Mobile:

**MEDICAL CONTACTS**

GP: .....

Telephone: .....

Hospital Consultant: .....

Telephone: .....

Endocrine Clinical Secretary .....

Telephone: .....

Endocrine Specialist Nurse: .....

Telephone: .....

**IN AN EMERGENCY PHONE 999 ADVISE AMBULANCE CONTROL THAT THE CHILD HAS ADRENAL INSUFFICIENCY AFTER ADMINISTERING THE HYDROCORTISONE INJECTION - IF UNABLE TO GIVE THE INJECTION PLEASE ADVISE AMBULANCE CONTROL THAT THE HYDROCORTISONE INJECTION IS NEEDED URGENTLY.**



**IMPORTANT INFORMATION**

**Steroids Nursery Supply**

Type of steroid:- hydrocortisone

Dose of steroid to be administered at nursery:- \_\_\_\_\_ mg

Time of administration:- \_\_\_\_\_ hrs

**ILLNESS AT NURSERY**

In adrenal hypoplasia congenita extra medication is needed when the child becomes unwell or has a serious injury to prevent a life threatening adrenal crisis occurring. All children have falls, scratches, bumps and bruises and a child will not need any extra hydrocortisone if they recover immediately and carry on what they were doing before their accident.

***Always notify parents/guardian or emergency contact of any illness or injury***

**SERIOUS INJURIES**

Intramuscular Injection (IM) of Hydrocortisone is needed immediately for the following:-

- \* Broken limb.
- \* Bump on the head leading to unconsciousness.
- \* Burn injury.
- \* If for any reason the child is found in a condition where they are pale, clammy, drowsy and unresponsive (do not respond as they would normally do).

**After** administering the hydrocortisone injection, dial 999 ask for an ambulance.

Advise ambulance control that the child has adrenal insufficiency and the child must be taken to hospital to be monitored. If the child has an emergency protocol logged with the ambulance service, it will be flagged by their home address.

Even if the child did not necessarily need the IM injection, it will do no harm and it is always better they have the injection as more serious problems may occur if it is not given when needed.

***Babies and young children adrenal hypoplasia congenita can deteriorate very quickly when ill, so it is vital they are given extra hydrocortisone as soon as possible and are closely monitored.***

**GENERAL ILLNESSES**

If a child becomes unwell at nursery they will need extra medication if she/he has:-

- \* High temperature (that is 38 degrees centigrade or above).
- \* If the child faints.
- \* Stomach upset that is severe enough to prevent normal activities.

***A double dose of hydrocortisone should be given, whether the dose is due or not.***

**VOMITING**

It takes about an hour for the oral hydrocortisone to be absorbed so if the child has vomited up the administered steroid at lunchtime:-

- \* Repeat oral dose but double the amount.
- \* Contact parent.
- \* If the second dose is vomited then give intramuscular hydrocortisone.
- \* Call ambulance on 999 and the child should be taken by ambulance to nearest Accident and Emergency department.

Sometimes a child might start to vomit before the medication is due. In this situation the parents should be contacted immediately and seek medical advice. Keep a close eye on the child's level of consciousness and if they become drowsy give the intramuscular hydrocortisone and call an ambulance.