Injection Needles & Syringes on Public Transportation

NADF suggests that travelers with adrenal insufficiency carry a letter from their endocrinologist stating their need to have prescribed injectable cortisol, along with needles and syringes, while riding public conveyances.

Below is a sample letter written by one doctor for a member:

To Whom It May Concern:

________________________________ has Addison's Disease and needs to carry needles and syringes in the event (s)he needs to inject cortisone.

Sincerely,

___________________________________ , M.D.

Use this as a sample to create a letter for your physician's signature.

NADF Affiliated Arizona Addison's Support Group Holds Injection Clinic

By Kay Campbell, Arizona Support Group Leader

For years I had suspected that most of us Addisonians were ill-prepared to give emergency steroid injections, and my suspicions were confirmed at our first "injection clinic." The Arizona Addison's Support Group was given detailed instructions on the injection procedure by Debbi Dilk, a registered nurse.

We checked our medication to make sure that it was not outdated. We distributed fresh packets of alcohol wipes, checked our syringes, and discussed having detailed instructions in our emergency kits about administering the medication. We also discussed carrying extra oral cortisone with us at all times.

One unsettling fact that we discovered was that several in the group had been carrying insulin syringes, which are not appropriate for intramuscular injections. The needle is too short to go deep enough into the muscle, and it is too short to fit properly into the vial of Solu-Cortef. Also, it will only hold approximately half a dose of the necessary medication.

Once working with the proper syringe, some members of the group did not know how to put it together. The better size to use is 22-gauge 1 inch needle, or something similar to that. Some of us carry 22-gauge 1 1/2 inch, which will also work.

Debbi demonstrated how to use the vial of Solu-Cortef, first snapping off the round yellow tab on one end, then firmly pushing the ends of the vial until the stopper in the middle is released to mix the liquid with the powder. Then we followed the instructions that are included in How to Treat an Addisonian in an Emergency Situation, a handout from NADF:
Shake gently to mix.

Sterilize top of bottle.

Pull out plunger of syringe part way.

Insert syringe into bottle and force plunger down to insert air in bottle.

Turn bottle and syringe upside down to insure that the end of the needle is in the solution.

Pull back (down) on plunger to load all the solution into the syringe.

Withdraw syringe from bottle.

Pick an injection site: best choice is thigh (front, outer.)

Sterilize site.

Firmly stretch skin at injection site and hold taut. Insert needle (hold syringe like dart, stab quickly, insert needle all the way.)

Pull back on plunger slightly to check for blood.

(If you see blood, withdraw needle and re-insert near-by.)

Push down on plunger to deliver solution - do this as quickly as possible.

Withdraw needle, put pressure on site for 1 minute to stop bleeding.

We were each able to practice the first few steps of the procedure using an outdated vial, so we had the experience of loading the syringe properly. We then practiced giving a make-believe injection into an orange, getting the feel of holding the syringe and stabbing quickly, then pushing down on the plunger.

I have had the experience of having to self-inject while traveling, and I wish I had been better prepared. I did not know the proper procedure for loading the syringe, then bent the needle, and made several false starts before I got the job done. Now I feel much more confident that everything is up-to-date, the syringe is the right size, the alcohol wipes are fresh, and the instructions are clear in my mind.

A bit of practice may save your life!

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