Why do you need an emergency kit?

An adrenal crisis is the result of an extreme physical or emotional stress that occurs without the necessary steroid coverage to meet that stress. It is a potentially life-threatening medical emergency that requires management in a hospital or emergency department. Typical symptoms are:

- Severe drop in blood pressure causing dizziness, lightheadedness and possibly loss of consciousness
- Nausea and vomiting
- Confusion and lethargy
- Muscle weakness, cramps, headaches

That is why we recommend that every adrenal insufficient patient should be equipped with a glucocorticoid injection kit for emergency use and be educated on how to use it. (Solu-Cortef® Act-O-Vial, where each 2 mL solution contains 100 mg hydrocortisone)

Storage recommendations

There are many different Medical Travel Cooler Bags on the market. Choose the size and design right for you. Manufacturer’s storage recommendations for Solu-Cortef®, 100 mg hydrocortisone Act-O-Vial:

- Store un-reconstituted product at controlled room temperature 20° to 25°C (68° to 77°F).
- Store solution at controlled room temperature 20° to 25°C (68° to 77°F) and protect from light. Use solution only if it is clear. Unused solution should be discarded after 3 days.

Emergency kit contents

- Documentation
  - Your emergency contact information
  - Emergency instructions from NADF, signed by your doctor
  - Your doctor’s prescription for Solu-Cortef
  - A letter from your endocrinologist giving permission to carry injectables on plane (if you travel)

- Medications
  - Solu-Cortef® Act-O-Vial, 100 mg hydrocortisone
  - Syringe
  - Needles (including info on the size—typically in the range of 22–25 gauge, 1 to 1.5 inches in length)
  - Alcohol swabs

Other recommendations

- For non-emergency situations we recommend you always carry additional medication with you in pill form (e.g., hydrocortisone, prednisone) in case you require additional pills for medical or emotional stress that has not yet increased to a level of crisis.
- All Adrenal Insufficient patients should be equipped with a steroid emergency card and medical alert identification to inform health personnel of:
  - the need for increased glucocorticoid doses to avert or treat adrenal crisis
  - the need of immediate parenteral steroid treatment in the event of an emergency

---

The National Adrenal Diseases Foundation
P.O. Box 566, Lake Zurich, IL 60047 (847) 726-9010
www.nadf.us • NADFmail@nadf.us
© 2020 NADF - All Rights Reserved

NADF does not engage in the practice of medicine. It is not a medical authority, nor does it claim to have medical knowledge. In all cases, NADF recommends that you consult your own physician regarding any course of treatment or medication.
1. Gather your equipment

2. Push the stopper with your thumb to engage the powdered medication with the solution in the vial.

3. Mix the powder and solution, do not shake vial, gently swirl or rock the vial back and forth allowing to mix it completely

4. Remove yellow “tab” at the top of the vial.

5. Wipe top of the vial with an alcohol prep pad.

6. Open the package and take out the syringe with needle.

7. Draw air into one third to one half of the syringe. Insert needle/syringe completely through the rubber stopper. Invert the vial and gently insert the air from syringe.

8. Gently pull back on the plunger of the syringe and remove all of the medication. Place the cap gently back on the syringe and remove any air bubbles by “tapping” the side of the syringe.

9. Identify an injection site in the middle “third” on the outer portion of your thigh.

10. Cleanse the site with an alcohol pad prior to injecting.

11. Hold the site taut, and holding the syringe similar to a dart, push the needle into the muscle at a 90° angle. The needle should be pushed in at least ¾ of its length.

12. With one hand on the syringe, use the other hand to pull back slightly on the plunger to make sure you do not see any blood in the syringe. If you DO see blood in the syringe, gently back the needle out slightly, and adjust your angle. Push needle back in ¾ of the way.

13. Once injection is complete, withdraw the syringe/needle quickly and apply pressure to the injection site and apply a Band-Aid to the site, if needed.

Additional precautions:
If you DO see blood in the syringe, it is preferred to remove the needle from the thigh and prepare a new syringe and another Act-O-Vial. If you do not have a new syringe or second Act-O-Vial gently back the needle out slightly, and adjust your angle and proceed with injection.