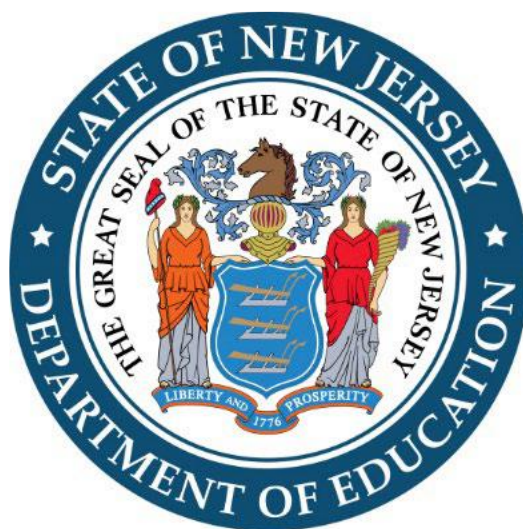


**Model Policy and Guidance for Districts on Self-  
Administration of Medication and Delegation of  
Hydrocortisone Sodium Succinate for Students with Adrenal  
Insufficiency**



**Division of Educational Services  
Office of Student Support Services  
October 2024**

## Table of Contents

Contributors .....	1
Introduction.....	2
Part I .....	2
Background.....	2
Part II .....	3
Statutory and Regulatory Requirements.....	3
Part III .....	4
Policy Content and Considerations.....	4
Definitions .....	4
Considerations .....	5
Delegation Considerations .....	5
Parental / Guardian Considerations .....	5
Self-Administration Considerations.....	6
District Consideration .....	6
Education of Staff .....	6
Treatment.....	7
Other Considerations .....	7
Part IV .....	7
Training Protocols and Guidance .....	7
Training Protocols.....	9
Description of Adrenal Insufficiency .....	9
Description of Adrenal Crisis .....	9
Steps for administering medication .....	14
Follow-Up And Consultation After Adrenal Crisis Episode .....	15
Assessment of Knowledge and Skill.....	16
Training Resources .....	19
References .....	19

## **Contributors**

Representatives from the New Jersey State School Nurse Association and the New Jersey Department of Health were essential in creating a guidance document that reflected the current best practice. The New Jersey Department of Education thanks and recognizes Anna Tupe, Rose Catton, and Eric Hicken for their contributions.

# Model Policy and Guidance for Self-Administration and Delegation of Hydrocortisone Sodium Succinate.

## Introduction

This document is designed to provide guidance to local education agencies (LEAs) in the development and implementation of policies and procedures related to the self-administration and delegation of hydrocortisone sodium succinate for a student with adrenal insufficiency.

---

## Part I

### Background

On May 10, 2019, legislation was enacted permitting students with adrenal insufficiency to carry and self-administer prescribed medication for adrenal insufficiency. The legislation also addressed the delegation of hydrocortisone sodium succinate for a student with adrenal insufficiency. As per this legislation and in accordance with N.J.S.A. 18A:40-12.9 -12.32, the New Jersey Department of Education (NJDOE) in consultation with the New Jersey Department of Health (NJDOH), appropriate medical experts, and professional organizations representing school nurses, principals, and teachers shall establish and disseminate to each board of education and chief school administrator of nonpublic schools, guidelines for the development of a policy by a school district or nonpublic school for the emergency administration of hydrocortisone sodium succinate to pupils with adrenal insufficiency.

Adrenal insufficiency results when the body does not produce the essential life-sustaining hormones cortisol and aldosterone, which are vital for maintaining blood pressure, normal metabolism (water, and salt balance), and normal blood sugar.

Chronic adrenal insufficiency can be caused by several conditions:

- Congenital or acquired disorders of the adrenal gland.
- Congenital or acquired disorders of the pituitary gland.
- Long-term use of steroids (to treat COPD, asthma, rheumatoid arthritis, and transplant patients).

All patients with adrenal insufficiency need long-term glucocorticoid replacement therapy.

Acute adrenal crisis is a life-threatening condition. The body needs much more cortisol than usual during times of physical stress such as illness, injury, or surgery. Illnesses such as a fever, vomiting or even a minor injury such as a sprain or strain may precipitate a life-threatening crisis. If not

treated right away, adrenal crisis can cause death.

Currently there are no pre-mix or auto injector units developed for the administration of hydrocortisone sodium succinate. Administration requires mixing the powder with the solute and drawing up the correct dosage in a syringe, then administering the medication intramuscularly. The alternative is administering an oral dose if the patient's condition permits.

---

## Part II

### Statutory and Regulatory Requirements

- N.J.S.A.18A:40-12.3 Self-administration of medication by pupil permitted.
- N.J.S.A.18A:40-12.29 Policy for emergency administration of hydrocortisone sodium succinate.
- N.J.S.A.18A:40-12.30 School nurse to have primary responsibility.
- 18A:40-12.31 Guidelines for development of policy relative to emergency administration of hydrocortisone sodium succinate.
- 18A:40-12.32 Training protocols.
- 18A:40-12.33 Immunity from liability.

Pursuant to [legislation](#), the board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for adrenal insufficiency. A pupil who is permitted to self-administer medication under this section's provisions shall be permitted to carry and self-administer a stress dose of prescribed medication for adrenal insufficiency. The policy developed by a board of education or chief school administrator of a nonpublic school shall require:

- (1) The placement of a pupil's prescribed hydrocortisone sodium succinate in a secure but unlocked location, easily accessible by the school nurse and designees to ensure prompt availability in the event of emergency situations at school or at a school-sponsored function. The location of the hydrocortisone sodium succinate shall be indicated on the pupil's emergency care plan.
- (2) The school nurse shall designate, in consultation with the board of education or chief school administrator of a nonpublic school, additional employees of the school district or nonpublic school who volunteer to administer hydrocortisone sodium succinate to a pupil for adrenal insufficiency when the nurse is not physically present at the scene. In the event that a licensed athletic trainer volunteers to administer hydrocortisone sodium succinate, it shall not constitute a violation of the "Athletic Training Licensure Act," P.L.1984, c.203 (C.45:9-37.35 et seq.).

---

## Part III

### Policy Content and Considerations

This document is presented as a guide with suggestions and considerations. District boards of education, boards of trustees, and non-public schools may add additional provisions or protocols to address local issues and priorities. The certified school nurse plays a key role in coordinating care within the school setting by communicating with the student, parent/guardian, health care provider and school staff.

#### Definitions

**Adrenal Crisis** - an adrenal crisis occurs when the body is unable to produce enough adrenal hormones during times of physical stress. Adrenal hormones include adrenaline, cortisol, and aldosterone, which control blood pressure, sugar levels, blood volume, and salt levels. Low levels of these hormones can cause symptoms like weakness, fatigue, and nausea. If left untreated, an adrenal crisis can be life threatening.

**Adrenal Insufficiency** – Adrenal insufficiency is an endocrine, or hormonal disorder that occurs when the body is unable to produce enough adrenal hormones, such as cortisol and aldosterone. These hormones help to maintain and regulate key functions in the body such as blood pressure; metabolism (how the body uses food for energy); the immune system; and how the body responds to stress. A student with adrenal insufficiency may experience symptoms of adrenal crisis. If not treated promptly, adrenal crisis may result in death.

**Certified School Nurse** - A person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Endorsement, school nurse or school nurse/non-instructional from the New Jersey Department of Education pursuant to N.J.A.C. 6A:9-13.3 and 13.4.

**Delegation** - Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

**Delegate** - The person receiving designation to perform specific duties or responsibilities including medication administration.

**Delegator**- someone who designates another person or agent the responsibility to perform specific duties or tasks including medication administration under specific circumstances.

**Emergency Healthcare Plan (EHP)**: A personalized healthcare plan written by the certified school nurse that specifies the delivery of accommodations and services needed by a student in an

emergency.

Hydrocortisone sodium succinate – commonly known as Solu-cortef - is a corticosteroid used to treat endocrine disorders, and other conditions. It works by decreasing inflammation in various parts of the body. The injection is used when oral doses cannot be taken.

Individual Healthcare Plan (IHP) - A plan written by the certified school nurse that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.

School sponsored function - means any activity, event or program occurring on or off school grounds, whether during or outside of regular school hours, which is organized and/or supported by the school.

Self-administration of medication - is the practice of administering medications, including over the counter and prescription drugs, to oneself, for certain health issues.

## **Considerations**

### **Delegation Considerations**

The school nurse is responsible for administering medication. If the school nurse is not available, the designee should be promptly available at the school or school sponsored function. Volunteers should not be coerced into accepting this task. Hydrocortisone administration requires injecting a vial with liquid, mixing the medication, and drawing it into a syringe before injecting it into the student's arm, thigh, or buttocks.

Delegates should know the task's basic requirements before training. In addition, they need to possess the manual dexterity to perform the task, remain calm under pressure, and have acceptable communication skills. Delegates may need regular practice and review sessions to evaluate and reinforce newly acquired skills. Districts may consider offering CPR training for delegates.

### **Parental / Guardian Considerations**

The parents/guardian of the pupil will provide written authorization and written orders from the physician or advanced practice nurse that the pupil requires administration of hydrocortisone sodium succinate for adrenal insufficiency. They will also sign a statement acknowledging that the district or the non- public school shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the pupil and they shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the

administration of hydrocortisone sodium succinate.

Parents/guardians should work collaboratively with the school nurse to ensure medication orders are current. Parents should ensure medication is provided in a clearly labeled container. Injectable medication should be accompanied by the appropriate needle and syringe.

### **Self-Administration Considerations**

A board of education shall permit the self-administration of medication for adrenal insufficiency provided that the parent/guardian provides written authorization, and the parents provide written certification signed by the physician of the pupil that the pupil is capable of and has been instructed in the proper method of self-administration. In addition, the parents/guardians must sign a statement acknowledging the district shall not be liable for any injury arising from self-administration and the parent will hold the district and its employees harmless.

School nurses may consider contacting the prescribing healthcare provider if there are concerns or questions regarding special events such as field day.

### **District Consideration**

The policy for the administration of medication to a pupil shall provide that the school nurse has the primary responsibility for the administration of the hydrocortisone sodium succinate. The board of education shall inform the parents or guardians of the pupil in writing that the district and its employees shall incur no liability arising from the self-administration of the medication.

If self-administration is required due to sudden onset of illness or injury the adult in charge should be notified. The action plan should be identified in the student's emergency health care plan.

District policy and procedure for sudden student illness or injury should be followed. Transportation to a hospital emergency room by emergency services is indicated after the emergency administration of hydrocortisone sodium succinate even if symptoms appear to resolve.

Release time during normal school hours or compensation outside of the normal school day may be indicated for education and training associated with delegation to occur. Education, training, and completion of a skill checklist should be documented.

### **Education of Staff**

School personnel should be educated in understanding the health risks related to adrenal insufficiency. N.J.A.C. 6A:32-7.5 requires that access to and disclosure of a student health record should meet the requirements of the Family Education Rights and Privacy Act (FERPA). While sharing of relevant health information is allowable in an emergency, it does not allow for sharing general health information or individual health care plans. Parental consent should be obtained prior to sharing individual and emergency health care plans with staff. Districts may consider



embedding the consent within the health care plan.

### **Treatment**

In the absence of the school nurse, the staff member in charge should be notified if the student self-administers the medication, or the delegate administers the medication. District administration should be notified as well as the student's parent. Transportation to a hospital emergency room by emergency services is indicated after the emergency administration of hydrocortisone sodium succinate even if symptoms appear to resolve. The school nurse should be made aware of administration when available.

Consideration may be given to assessing and reviewing delegate training periodically during the year. Specifically at key points such as prior to a field trip or planned activity when the school nurse will not be present.

### **Other Considerations**

Plans should be in place to ensure that medication is readily available and in proximity to the student.

Consideration should be given regarding transportation when participating in activities such as field trips or other school sponsored events, including before and after school activities.

---

## **Part IV**

### **Training Protocols and Guidance**

Pursuant to N.J.S.A.18A:40-12.32, the NJDOE and the NJDOH jointly developed these training protocols in consultation with the New Jersey State School Nurses Association.

Adrenal insufficiency is a relatively rare disease. School nurses may want to review the pathophysiology of adrenal insufficiency and treatment before providing care to a student diagnosed with adrenal insufficiency. While not a requirement, individuals with adrenal insufficiency should consider wearing a medic alert bracelet.

The registered nurse (RN) delegating to unlicensed school employees should know the cause and effect of every medication delegated. Delegation carries with it the responsibility to ascertain the competence of persons to whom delegation is made. It is the responsibility of the RN to ascertain the competency of the person to whom they delegate the administration of medication. Clinical protocols should be in place that clearly describe the conditions when the medication should be administered by the delegate and procedures to follow related to medication administration and

follow up care. Consideration should be given to the need for refresher training during the year or prior to an of site activity where the designee will be assigned.

Pursuant to N.J.S.A. 18A:40-12.30, the training is valid for one school year. The training shall be of sufficient length to provide acquisition of content related to adrenal insufficiency and adrenal crisis. A demonstration of competency should include a review of essential knowledge, the five rights of medication administration and demonstrating the ability to draw up, administer an injection and calculate dose if necessary. Assuming parental consent has been obtained, education and training should include a review of the student's individualized and emergency health care plan. The certified school nurse providing the training should be employed by the LEA.

Content of the training program may include the following information:

- General Information: regarding the [New Jersey Board of Nursing Decision-Making Model Algorithm](#).
- A review of the disease process
  - Definitions.
  - Overview of adrenal insufficiency and the associated triggers and dangers associated with the disease.
  - Recognition of signs and symptoms of students experiencing an adrenal crisis.
  - Types of medications are used to treat adrenal insufficiency and crisis.
  - Proper administration of medication to treat adrenal insufficiency.
  - Necessary follow-up.
- A review of the individualized healthcare plan and emergency health care plan.
- Written measurable outcomes.
  - Assessment to determine the delegate's understanding of the material.
  - Skills checklist identifying specific steps, date of the training, signed by volunteer delegate and delegator.
  - Certification of completion of training.

## Training Protocols

### Description of Adrenal Insufficiency

The adrenal glands are small triangular glands on top of both kidneys. Adrenal insufficiency is an endocrine, or hormonal disorder that occurs when the body is unable to produce enough adrenal hormones, such as cortisol and aldosterone. These hormones help to maintain and regulate key functions in the body such as blood pressure; metabolism (how the body uses food for energy - controlling normal blood sugar), reducing inflammation; the immune response; and how the body responds to stress.

Adrenal insufficiency can be primary or secondary. Congenital conditions, cancers, tumors, and many other conditions affect the pituitary gland, adrenal gland or other endocrine organs causing adrenal insufficiency. Addison's disease is the term for primary adrenal insufficiency. It occurs when the adrenal glands are damaged and cannot produce enough cortisol. Addison disease is the primary cause of adrenal insufficiency in adolescents.

Secondary adrenal insufficiency occurs secondary to another process such as a tumor, infection, or a response to medications that cause the pituitary gland to fail to produce enough adrenocorticotropin (ACTH) a hormone that stimulates the adrenal glands to produce cortisol. If ACTH output is too low, cortisol production drops.

Students with adrenal insufficiency may crave salt and may require an increase in sodium intake.

### Description of Adrenal Crisis

#### *What is an adrenal crisis?*

Adrenal crisis is a sudden, severe worsening of symptoms associated with adrenal insufficiency. It occurs when the body cannot produce enough adrenal hormones during physical stress. Adrenal hormones include adrenaline, cortisol, and aldosterone, which control blood pressure, sugar levels, blood volume, and salt levels. Low levels of these hormones can cause symptoms like weakness, fatigue, and nausea. If left untreated, an adrenal crisis can be life threatening.

#### *What can trigger an adrenal crisis?*

Adrenal crisis may be brought on by any illness (even seemingly minor), trauma (sprain, strain), fever, missing a medication dose, or stress. Students with adrenal insufficiency may experience an adrenal crisis in many circumstances including illness, such as the cold or flu; an injury, such as a twisted ankle or broken bone; or exposure to significant emotional distress or extreme weather conditions (heat or cold).

### *What are the signs and symptoms of adrenal crisis?*

Signs and symptoms associated with adrenal crisis include:

- Headache.
- Stomachache.
- Nausea, vomiting, diarrhea.
- Low back pain or leg pain.
- Muscle weakness or cramping.
- Fever (over 100°F).
- Loss of appetite.
- Red cheeks (not attributed with recess or PE).
- Dark rings under the eyes.
- Lethargy – cannot stay awake, trouble focusing or confusion.
- Dizziness or lightheadedness.
- Changes in emotional behaviors – students may seem upset, angry, or more fearful than is usually normal.

### *Care and Treatment of Adrenal Crisis*

A student with adrenal insufficiency may experience symptoms of adrenal crisis and if not treated promptly it may result in death. The purpose of this training is to educate a delegate to administer an injectable form of corticosteroids that could be lifesaving in the event of insufficient levels of cortisol for a student with documented adrenal insufficiency. Treatment should not be delayed since their condition may deteriorate quickly.

Mild symptoms may require the student to take an oral stress dose of medication. If the student cannot take the oral stress dose due to vomiting, diarrhea, significant injury, or unconsciousness then the injectable form of medication is indicated. It is important that school personnel become familiar with the individual health care plan and emergency health care plan to ensure proper protocols are followed.

The individualized healthcare plan should identify signs and symptoms the student may experience along with appropriate medication and dosing. Observation of the student by the teacher or persons assigned to monitor the student is important. Age, physical condition, and underlying

precipitating events can affect the speed at which a student's health may worsen. Vomiting and diarrhea account for most crises because the body is unable to absorb oral medication.

When a student experiences physical or emotional stress, a stress dose of medication is given. A stress dose is when a person is given a larger than normal dose of their prescribed medication, as recommended by their physician. The student's medication orders will have instructions for oral stress dosing for minor illness or injury. Depending on the severity of an event, an injection may be necessary. It is important to understand the development of adrenal crisis and medicate the student appropriately based on the student's health management plan. Do not wait. Even if the student is not in crisis, administering the medication will not have any adverse effects.

#### *Types of medication and administration*

There are many medications a student is prescribed to treat adrenal insufficiency. Solu-cortef or hydrocortisone are steroids that naturally occur in the body and allow the body to metabolize glucose and control vascular activity to maintain blood pressure. It also controls water and salt balance within the body.

To keep their condition under control, a student is required to take a daily, oral dose of hydrocortisone, dexamethasone, or prednisone. The medication prescribed must be taken in the amount and at the times identified in the student's health management plan.

When there is trauma or suspected adrenal crisis, additional doses are necessary. This may be administered either by mouth or through an intramuscular injection. The purpose of the stress dose is to prevent adrenal crisis. Consult the student's health management plan for the appropriate medication and administration.

*Five Rights of Medication Administration* are used whenever medications are administered to ensure patient safety and accuracy. These rights include:

**'Right patient'**— ascertaining that a patient being treated is, in fact, the correct recipient for whom medication was prescribed.

**'Right drug'**— ensuring that the medication to be administered is identical to the drug name that was prescribed. When checking to ensure the correct medication name is printed on the product to be given remember, also to check other critical information on packaging such as the expiration date.

**'Right Route'**— medications can be given to patients in different ways. Some common routes include oral, intramuscular, or subcutaneous injection.

**'Right time'**— administering medications at a time that was intended by the prescriber.

**‘Right dose’**—check and verify the dose to be administered and verify dose concentration on label. Calculate dose if necessary.

These rights are crucial for preventing medication errors and ensuring patient safety. They should be followed at each step of the medication administration process, from prescription to documentation.

#### *Possible side effects of medication*

Transient hypertension (high blood pressure), tachycardia (rapid heart rate over 100 beats per minute), edema (fluid retention), hyperglycemia (high blood sugar), agitation, delirium (confusion), or psychosis (behavioral disorder may include hallucinations or delusions as an example) are all possible side effects of the medication.

#### *Storage of medication*

Oral medication – hydrocortisone tablets should be stored at room temperature (68°-77°F), fludrocortisone acetate (Florinef) should be stored at room temperature (between 59 and 86 degrees) and away from excess heat and moisture.

Injectable medication-Hydrocortisone Sodium Succinate (Act-o-Vials of Solu-Cortef or Solu-Medrol) should be stored at room temperature (68°-77°F), in a dry place protected from light. The powder must be reconstituted with 2 ml of sterile water and should not be mixed until just before it is injected during an adrenal crisis emergency. The solution should only be used if it appears clear.

#### *Access to medication*

Plans should be in place to ensure that medication is readily available and in proximity to the student. Consideration for transportation during activities such as field trips or other off facility functions must be considered when planning emergency measures for treatment of adrenal crisis. Depending on the age of the child and school policies, it may be advisable for students to carry their own medication during these special activities, and trained personnel must accompany the child.

#### *Training for administering injectable hydrocortisone sodium succinate.*

The purpose of this training is to educate a delegate to administer an injectable form of corticosteroids that could be lifesaving in the event of insufficient levels of cortisol for a student with documented adrenal insufficiency. Consult the student's health management plan for the appropriate medication, dosage, and administration route.

Solu-Cortef Sterile Powder is an anti-inflammatory glucocorticoid that contains hydrocortisone sodium succinate as the active ingredient. When oral steroid therapy is not feasible, **intramuscular use** of Solu-Cortef Sterile Powder is indicated. Solu-Cortef Sterile Powder is available in several

packages for intravenous or intramuscular administration. ([Pfizer drug information on Solu-Cortef](#))

<b>100 mg Plain—NDC 0009-0825-01</b>	
<b>100 mg ACT-O-VIAL (Single-Dose Vial)</b>	<b>250 mg ACT-O-VIAL (Single-Dose Vial)</b>
<b>2 mL—NDC 0009-0011-03</b>	<b>2 mL—NDC 0009-0013-05</b>
<b>25 × 2 mL—NDC 0009-0011-04</b>	<b>25 × 2 mL—NDC 0009-0013-06</b>
<b>500 mg ACT-O-VIAL (Single-Dose Vial)—NDC 0009-0016-12</b>	
<b>1000 mg ACT-O-VIAL (Single-Dose Vial)—NDC 0009-0005-01</b>	

**Storage Conditions:**

Store unconstituted product at controlled room temperature (68° to 77°F).

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

Consult the student's health management plan for the appropriate medication, dosage, and administration route.

**Materials needed:**

Medication.

Syringe and injection needle.

Alcohol swab.

Cotton Ball or tissue.

Latex or nonsterile gloves.

Sharps container.

*Preparation of medication:*



While preparing to administer medication, have someone CALL 9-1-1 and contact the student's parent.

When contacting 911 state "we have administered an injection of hydrocortisone and require ALS management".

**Steps for administering medication**

1. Wash hands or clean with alcohol-based hand sanitizer prior to preparing injection.
2. Secure the medication and check the label ensuring it is the prescribed medication (hydrocortisone sodium succinate).
3. Assemble medication and check the expiration date.
4. Don (put on) gloves.
5. Press firmly down on the rubber top to force the diluent into the lower chamber containing the powder.
6. Gently mix the solution by rotating it. Do not shake. (The solution is initially cloudy but then clears. If the solution does not get clear, do not administer, and wait for rescue personnel to arrive).
7. Consider the location where medication is to be injected. If the injection needs to be in the buttock or upper thigh, it will be necessary for the student to remove clothing. This should occur in a private location and steps should be taken to make the student as comfortable as possible.
8. Insert the needle into the center of the rubber stopper.



9. Invert the vial and withdraw the required dose.
10. Cleanse the injection site with the alcohol wipe.
11. Insert the needle into the injection site in a dart like motion.
12. While the needle is in place push the plunger injecting the contents of the solution into the muscle.
13. Withdraw the needle and dispose of safely (sharps container).
14. Cleanse the injection site with alcohol pad and massage gently.
15. Reassure the student, monitor condition until help arrives.
16. Follow district protocols and procedure for student transport to the hospital.

#### **Follow-Up And Consultation After Adrenal Crisis Episode**

If medical assistance was not summoned, then call 9-1-1, or have someone do this for you. DO NOT LEAVE THE STUDENT UNATTENDED. Advise the dispatcher of the type of medication given. A student who is treated must be seen by a physician even if they appear stable. The student's health presentation may not immediately improve after the medication is given. Once the student has been given emergency treatment for symptoms of adrenal crisis, the parent/guardian should be notified.

## Assessment of Knowledge and Skills

List 3 things that could trigger an adrenal crisis in a student with adrenal insufficiency.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List 3 signs or symptoms that a child can exhibit when experiencing adrenal crisis.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

What is the purpose of administering hydrocortisone sodium succinate?

\_\_\_\_\_

How will you know how much medication to administer in response to adrenal crisis?

\_\_\_\_\_

What steps should be taken if medication is administered?

\_\_\_\_\_

## Knowledge and Skillset Checklist

Knowledge Set	Demonstrated Mastery	Date	Comments
Summarize the general information of adrenal insufficiency.			
Define terminology used in adrenal insufficiency			
Identify the signs and symptoms of adrenal crisis			
Describe relevant information related to hydrocortisone sodium succinate			
Purpose			
Function			
Prescription information (dose)			
Storage			
Identifies when to call 911			
Identifies when to administer medication			
Identifies follow up care after administering hydrocortisone sodium succinate			
Skillset			
Demonstrates correct preparation of hydrocortisone sodium succinate			
Demonstrates or explains the correct			

steps in medication administration (five rights of medication administration)			
Checks expiration date on vial			
Washes or sanitizes hands			
Don gloves			
Demonstrates correct injection technique			
Demonstrate or describe correct needle and syringe disposal. Doff and dispose of gloves.			

I certify that I have received the training above. I am willing, and I am competent to administer Solu-Cortef® to students who may have this medication prescribed. I agree that if I have questions, need a review, learn of any changes in the physician's written orders for the student or am unable to continue to provide this assistance, I will immediately contact the School Nurse or Student Health Services Supervisor.

Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_

## **Training Resources**

<https://www.diamedicalusa.com/Demo-Dose-Solu-Cortf-Hydrocortison-Sodim-Succinat-2mL-100mg-2mL-Vial>

<https://www.pocketnurse.com/default/demo-doser-solu-cortf-hydrocortison-sodim-succinat-two-dosage-options>

[How to give an IM injection in deltoid demo 1](#)

[How to give an IM injection in deltoid demo 2](#)

[How to give an IM injection demo 2](#)

[Print version how to give injection in thigh or arm](#)

## **References**

[Arkansas State Board of Nursing Rules \(revised 2021\) School Nurse Roles and Responsibilities – Practice Guidelines.](#)

[Arkansas Division of Elementary & Secondary Education Adrenal Insufficiency Training Protocols](#)

[National Institute of Diabetes and Digestive and Kidney Disease](#)

[Oregon School Nurses Association, Adrenal Insufficiency Toolkit for School Nurses](#)

<https://schoolnursing101.com/chronic-health-conditions/endocrine/adrenal-insufficiency/>

[The National Institute of Health](#)

[NIH \(National Institutes of Health\) Adrenal Insufficiency](#)

[NIH Adrenal Crisis](#)