ADRENAL ALERT – TO BE COMPLETED BY ENDOCRINE CONSULTANT/NURSE

SEND TO

scotamb.dataadmin@nhs.net

STEROID DEPENDANT PATIENT - ADRENAL INSUFFICIENCY/AT RISK OF ADDISONIAN CRISIS

THE PATIENT WILL URGENTLY REQUIRE IM/IV HYDROCORTISONE DURING TIMES OF ILLNESS OR INJURY i.e. Vomiting/Shock.

ENDOCRINE CONSULTANT: XXX

HOSPITAL: XXX

DATE:

Please register “red flag” my patient on the Scottish Ambulance Service database as being hydrocortisone (steroid dependent) so that in the event of an emergency the crew are aware of the patient’s condition

NAME:

CHI:

ADDRESS: