

**Please ensure that this leaflet is given to medical staff or ambulance crew in the event of an Emergency. Thank you.**

## **STEROID REPLACEMENT THERAPY INFORMATION FOR SCHOOLS**

**A child with cortisol deficiency requires hydrocortisone during periods of illness to replace the natural steroids they are unable to make and ensure they remain well. Failure to do this can be very serious.**

Hydrocortisone can be given either:

- Orally (by mouth)

*or*

- By giving an injection into the thigh

**If the child has an illness, operation or accident it is essential that Hydrocortisone is administered as prescribed.**

### **1. Mild Illness with a Raised Temperature**

If the child has a temperature, this shows that they have some sort of infection. They should be given Hydrocortisone by mouth for 24-48 hours or until their temperature returns to normal.

*Normal Body Temperature: 36.0 – 37.5°C.*

### **2. Illness with Diarrhoea and/or Vomiting**

In an illness with diarrhoea and vomiting the Hydrocortisone dose given by mouth will not be absorbed and so the injection will need to be given.

## **EMERGENCY KITS:**

**The child should carry an Emergency Kit available in school.**

Each kit should contain this leaflet and:

1x vial of hydrocortisone 1x 2 ml syringe

2x blue needles

1x steroid card

*The parents should be aware of the Expiry dates on your medications and order replacements from their GP in advance.*

- If in doubt that Hydrocortisone is needed - Always GIVE.
- Do not keep the child at school late without informing parents.
- Please ensure that all teachers, helpers and dinner attendants know and understand the important points pertaining to the child's condition.
- When the child is unwell he should never be sent to the medical room or secretary unaccompanied. If the child is sent home ill it is essential that they are accompanied home and that a responsible adult is there to receive them.

- Children on steroids should carry a steroid card and wear a medical identity necklace or bracelet, particularly when on a school outing.
- If the child behaves abnormally, is seriously unwell and very lethargic or if frequent vomiting occurs, there is an increased risk of low blood sugar (hypoglycaemia) occurring and the child should be taken to the nearest hospital.
- If there is any doubt as to the condition or medical needs of the child and medical help is not 'at hand', **do not hesitate to call the Emergency Services**. They would rather be called unnecessarily than not to be called when treatment is essential.

### **POINTS TO REMEMBER:**

- A child on steroid replacement therapy can take part in all the usual school activities **BUT** always contact the parents if the child is unwell.

### **SCHOOL OUTINGS:**

- There is no reason to exclude a child from school outings but do ensure that at least 2 accompanying adults are fully informed of the child's condition.
- Ensure that all relevant medication is taken along.
- Medicalert identity bracelet/necklace should be worn at all times.
- Do not hesitate to call the Emergency Services.

### **FURTHER INFORMATION:**

Please contact **Deb Marriage**, Respiratory Nurse Specialist at Bristol Children's Hospital on **0117 342 8248** for further information or advice.

# How to Prepare and Give an Intramuscular Injection of Hydrocortisone

Age:	Dose of Hydrocortisone:	
0-1 year	25mg	(0.25ml)
1-5 years	50mg	(0.5ml)
5 years and above	100mg	(1ml)

## You will need:

- 1 vial of Hydrocortisone solution
- 1 x 2ml syringe
- 2 x orange or blue needles
- 1 x alcohol swab

## Directions:

1. Wash your hands
2. Check the vial for the name of the drug (Hydrocortisone), the dose contained within the vial (100mgs) and the expiry date.
3. Take the syringe and needle out of their packaging and assemble them.
4. Hold the vial vertically and rotate until the small dot on the thinner part of the vial is facing you. Break off the top of the vial by pulling backwards and downwards.
5. Insert the needle into the vial until it touches the bottom.
6. Draw up the Hydrocortisone gently by pulling the plunger of the syringe. Replace the needle cover.  
**You need to give a dose of 1ml in volume.**
7. Turn the syringe upside down and tap on the side of the syringe so that the air rises to the surface. Push the plunger slowly to expel all the air.
8. Replace the needle with a new one.
9. Looking at your child's thigh, divide it mentally into 4 equal parts. Wipe the skin of the upper, outer section with the alcohol swab.
10. Push the needle into this area of the thigh. Pull the plunger back slightly to ensure there is no visible blood and then push the plunger swiftly all the way down.
11. Withdraw the needle and dispose of both needle and syringe in a sharps box.
12. Seek medical advice.
13. REMEMBER that you must ask the family to get a repeat prescription from your GP to replace the dose that you have just used.

# TRAINING SESSION FOR STAFF

The staff listed below have been trained to administer an intramuscular (IM) injection of Hydrocortisone during illness or emergency to:-

**Child's Name:**

**DOB:**

**Trainer:**

**Position:**

**Date of Training:**

DATE:	NAME:	POSITION:	SIGNATURE:

**Trainer's Signature:**