

Adrenal Insufficiency? Fear not!

A Step-by-Step Checklist for Pharmacists

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Aim – To provide pharmacists with structured resources to facilitate optimal support for patients with adrenal insufficiency upon admission and before discharge.

Background

A delayed patient discharge highlighted an opportunity to standardise pharmacist support to patients with adrenal insufficiency.

Raising awareness

Introduced pharmacists to the new checklist and availability of administration kit. Educated pharmacists on the pathophysiology of adrenal insufficiency, the importance of prompt administration of corticosteroids in adrenal crisis and techniques of administering a single dose of emergency hydrocortisone (SoluCortef®).

Sustainability

- Education of new pharmacists through orientation
- Regular updates as a continuous educational (CE) activity



EMERGENCY



Multidisciplinary involvement

Pharmacists, Endocrine Clinical Nurse Consultant (CNC) and Endocrinologist collaborated to consider the role of the pharmacist and the resources required to manage the patient at admission and discharge. Patient support groups were contacted to obtain resources (including medication administration kits) for post-discharge patient self-care.

Checklist for discharge planning

- Request PBS prescription for hydrocortisone
- Provide administration kit (SoluCortef® Kit) which includes syringe, drawing up needles, alcohol swabs, injection needles, cotton swab
- Counsel on administration techniques and when to administer
- Provide CMI
- Remind patient to replace vial after use and keep an eye on the expiry
- Introduce medication reminder app for smartphones
- Reinforce discharge plan
- Recommend alert bracelets
- Refer patient to community patient support groups
- Refer patient to Endocrine CNC for outpatient support



Figure 1. SoluCortef® Kit



Doctor

Pharmacist

Nurse



Multidisciplinary review

The checklist and kits were presented to Endocrine staff specialists, CNC and pharmacists who provided feedback for further improvement on the access and applicability of the tools. The checklist was endorsed by the hospital Drug and Therapeutics Committee and made available on the organisation's intranet while the kits were available in the dispensary.

Checklist for admission

- Identify the patient with a history or a new diagnosis of adrenal insufficiency
- Ensure appropriate corticosteroid (IV and/or oral) is charted
- Check for the involvement of or notify the endocrine team
- Document in the patient's progress notes about any actions taken
- Check that the patient already has an alert card or provide them with one to be carried on them at all times

Since development of checklist

Eight months on, we have had 2 patients with adrenal insufficiency (1 existing and 1 newly diagnosed) requiring a pharmacist's intervention. Feedback from pharmacists indicated that the checklist was comprehensive and helpful. It relieved the stress during an often complex admission. It also identified knowledge gaps and stimulated further learning.



Figure 2. Pharmacist counselling patient

Conclusion

Adrenal insufficiency is an uncommon but potentially life-threatening condition. The checklist aids pharmacists to facilitate prompt inpatient management and self-care post-discharge to minimise misadventure.

