

Managing Clinical Alerts (Special Indicators) to e-Prescribing Systems for patients at Risk of Adrenal Insufficiency

Background

All patients with primary adrenal insufficiency (AI), such as those with Addison's disease, are steroid dependent. Additionally, some patients who take oral, injectable, inhaled or topical steroids for other medical conditions may develop secondary adrenal insufficiency and may become steroid dependent. There are trust guidelines on koha available to help clinical staff determine if a patient is at [Risk of Adrenal Insufficiency from Prescribed Steroids](#)

For all patients on current or recent (within 12 months) steroids:

- Check with the patient if they carry (or should carry) a Steroid Emergency Card
 - If they do not, check if the patient's current therapy meets the threshold for issuing a Steroid Emergency Card
- Issue a card for all patients at risk of AI who do not already have a card in their possession
- For all patients at risk of AI ensure a **'Steroid Dependant' Clinical Alert** is present or entered in Meditech/Lorenzo as per this SOP

REMEMBER: Always review the currency of the *Steroid Dependant* alert each time the patient is reviewed. For cases of secondary AI, the alerts may be temporary as the patient may no longer be at risk e.g. no steroid use during the last 12 months

<p>Steroid Emergency Card (Adult) </p> <p>IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.</p> <p>Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.</p> <p>Name.....</p> <p>Date of Birth NHS Number</p> <p>Why steroid prescribed</p> <p>Emergency Contact</p>	<p>When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency AND describe symptoms (vomiting, diarrhoea, dehydration, injury/shock).</p> <p>Emergency treatment of adrenal crisis</p> <p>1) Immediate 100mg Hydrocortisone i.v. or i.m. injection. Followed by 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5% OR 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese).</p> <p>2) Rapid rehydration with Sodium Chloride 0.9%.</p> <p>3) Liaise with endocrinology team.</p> <p> Scan here for further information or search https://www.endocrinology.org/adrenal-crisis</p>
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Additional Information:

UHDB Policy – [Medicines Reconciliation Policy](#)

UHDB clinical guideline - [Risk of Adrenal Insufficiency from Prescribed Steroids](#) includes all scenarios where prescribers should consider issuing a steroid card

UHDB clinical guideline - [Acute Adrenal Insufficiency \(Adrenal Crisis\)](#) includes management aligned with the Society of Endocrinology guidance referenced on the new Emergency Card. Includes information about sick day rules and future risk.

Standard Operating Procedure

Clinical Alerts: Lorenzo

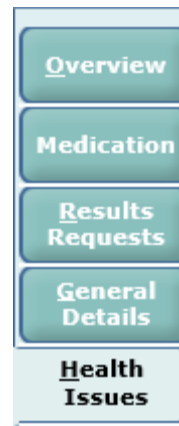


Identify patient at risk of adrenal insufficiency (AI)

Open Patient Record and select correct admission/encounter

Go to **Health Issues** on the toolbar on right hand side of screen

Then go to left hand tool bar & select: **Record Alert**



Complete the mandatory (Blue) sections of the form

ALERT TYPE = Clinical

ALERT NAME = Steroid Dependant

SCOPE = Check box for **All encounters and episodes**

Alert type: Clinical
Alert name: [empty]
Risk to: Risk to health care staff, Risk to other, Risk to property, Risk to self
Scope: All encounters and episodes
Severity: Term not selected
Onset date: [empty]
Is significant:
Alert description: [empty]
Confidence level: [empty]
Information source: [empty]
Status: Open
Expected conclusion date: [empty]
On expected conclusion date: Do not Close
Alert review date: [empty]
Send review reminder to: Care provider, Team
Search recipients: [empty]
Buttons: Add, Update, Remove, Reassign, Finish now, Cancel

Alert Description can be used to detail:

- Confirmation of primary / irreversible AI diagnosis
- Factors contributing to threshold for prescribed steroid induced AI
- Confirmation of uncertain status & on-going investigations (note also **Confidence level**)

Consider whether it is appropriate to add **review** or **expected conclusion** dates for steroid induced or variable/uncertain risk of AI

[Do not complete for Primary / irreversible AI]

TIP: Don't forget to **Add & Finish now**

Checking Alerts: Icon appears on any Patient Record screen and when in ward **Overview**



Alerts

- ▶ Record alert
- ▶ Modify alert
- ▶ Distribute
- ▶ Close alert

REMEMBER: Always review the currency of the Steroid Dependant alert each time the patient is reviewed.

For cases of secondary AI, the alerts may be temporary as the patient may no longer be at risk e.g. no steroid use during the last 12 months. Use the left hand tool bar to modify and close alerts.

Standard Operating Procedure

Special Indicators (Alerts): Meditech

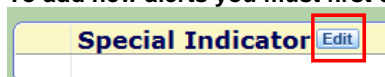


1. Adding Special Indicator (Alerts)

Within the EMR (Patient Electronic Medical Record), the **Summary Tab** gives an overview of clinical information



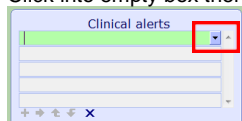
To add new alerts you must first click Edit



These are grouped under the following categories: **Clinical, Communication, Infection, Safeguarding.**

Clinical Alerts

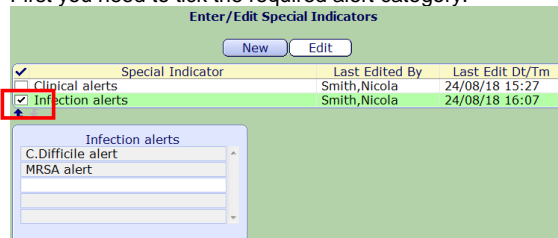
Click into empty box then click down arrow to see a list



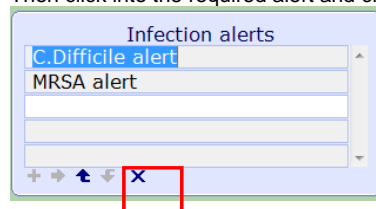
Name	Mnemonic
Clotting alert	CLOTALERT
Implanted cardiac defib	ICD
In a clinical trial	CLINTRIAL
Irradiated products requi	IRRADPROD
Jehovah's witness	JW
Known/suspected CJD	CJD
Major IV access problem	IVACCESS
Major organ transplant	TRANSPLANT
On anaesthetic risk reg.	ANAESRISK
On chemotherapy	CHEMO
On MAOI therapy	MAOI
Oxygen sensitive	O2
Pacemaker	PACEMAKER
Previous anaphylaxis	PREVANAPHY
Proven inoculation risk	IR
Steroid dependant	STEROID
Transgender History	TRANSGEN

2a. Editing/Removing Alerts individually

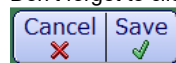
First you need to tick the required alert category.



Then click into the required alert and click the cross (X).

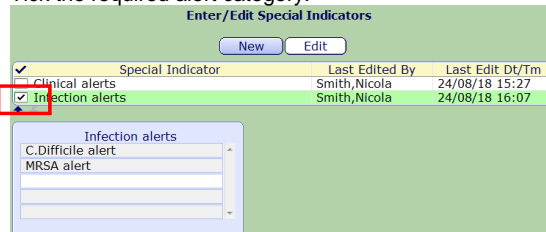


Don't forget to click Save.

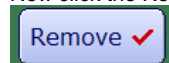


2b. Removing all alerts from a category

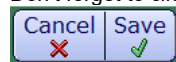
Tick the required alert category.



Now click the Remove button at the foot of the screen.

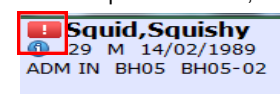


Don't forget to click Save.



3. Viewing Special Indicators (Alerts)

In the EMR, if you see a red box with an exclamation mark next to a patient's name, it means there are alerts



To see the alerts just click the red box

4. Advice for reviewing/removing alerts:

4a. Steroid Dependant alerts

REMEMBER: Always review the currency of the Steroid Dependant alert each time the patient is reviewed.

For cases of secondary AI, the alerts may be temporary as the patient may no longer be at risk. e.g. no steroid use during the last 12 months

4b. General advice from EPR team:

Every time a patient is seen in hospital, we should be checking the EMR for Special Indicators/Alerts.

If they have alerts are they still relevant?
Do they need editing?
Should any be removed?
Or are there alerts that need adding?

Remember this is an **Electronic Medical Record** system.

We rely on the accuracy of the information held against each patient on the EMR.

It is vital to the patient's care that alerts are recorded and maintained. Make sure you play your part!

Standard Operating Procedure

Reference Number Clinical SOP	Version: V1		Status Final	Author: Medicines Safety Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	07/05/21	James Hooley, MSO	New procedure to support trust guideline and policy actions
<p>To be read in conjunction with:</p> <p>UHDB Policy - Medicines Reconciliation Policy</p> <p>UHDB clinical guideline - Risk of Adrenal Insufficiency from Prescribed Steroids</p> <p>UHDB clinical guideline - Acute Adrenal Insufficiency (Adrenal Crisis)</p>				
<p>In consultation with and Date: Patient Safety Lead Nurse & Working Group for the National Patient Safety Alert (Steroid Emergency Cards - NatPSA/2020/005/NHSPS). EPR team, Burton. Pharmacy ePMA lead and Governance team.</p>				
Approving Body and Date Approved			<p>Process approved by CAG, May 2021</p> <p>Document approved by Pharmacy BU Governance (PGQR) & EMR Team, QHB.</p>	
Date of Issue			May 2021	
Review Date and Frequency			Appendix to Clinical Guideline for Risk of AI from prescribed Steroids – Review on same schedule	
Contact for Review			James Hooley – Medicines Safety Officer	