

To Whom it May Concern,

Thank you for forwarding us this information. We are so sorry to hear of the death of Mr David Mason, and collectively would like to offer condolences to his family.

We note the circumstances described in the report.

Information available currently states the need for additional hydrocortisone in adrenal insufficiency for trauma and physiological stress <https://www.rcpjournals.org/content/clinmedicine/17/3/258>.

All NHS health care providers have been sent the National Patient Safety Alert which gives as an example the death of a patient with a hip fracture, and point 3 states the need to give additional steroids for acute physical illness or trauma <https://www.england.nhs.uk/publication/national-patient-safety-alert-steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults/>. We would strongly recommend that all health and care providers ensure their organization has put processes in place to ensure the four actions on the National Patient Safety Alert have been addressed.

Trauma and physiological stress are within scope for the NICE guideline on adrenal insufficiency currently in development. There is representation from paramedics, Emergency Medicine, General Practice and lay members on the committee so the guidelines will cover pre hospital care. Once guidelines are published there is a plan for another round of communications to disseminate the information.

The Society for Endocrinology will have opportunity to review this when it is shared with stakeholders and provide comments. Also, members of the Society for Endocrinology are on the committee writing the guidelines and will ensure these topics are covered. In terms of Ambulance service, JRCALC has protocols advising on the management of patients with adrenal insufficiency. [REDACTED] is liaising with them, at present and we will ensure all protocols align and are clear about the need to give additional oral or IM hydrocortisone in trauma/injury. JRCALC guidelines state anyone can give IM hydrocortisone and we are aware that there is an issue around paramedics and technicians being reminded both groups can administer emergency treatment. This is important as different types of ambulance have different health care professionals working on them.

In terms of the NHSE steroid emergency card, the wording states injury/shock. We will continue our work with both ambulance services and 999/111 services via NHSE patient safety team to ensure this is on the triage information to call handlers so a category 2 ambulance can be sent. All ambulances carry hydrocortisone, and both paramedics and ambulance technicians are able to administer IM hydrocortisone so this should not be a blocker to administration. JRCALC may be able to address this in their guidelines. It is possible that more work is needed to disseminate the information available and we can continue working with RCP Patient Safety Committee and NHSE Patient Safety team in this regard. We will also update our resources accordingly.

---

## Enabling endocrinology's potential to advance science and health

---



In order to support health and care providers, the Society for Endocrinology has set up a webpage with resources to help health care teams develop resources to support management of adrenal sufficiency. We will review this once NICE guidelines are written and ensure that pre-hospital care is covered more clearly. We would be happy to work with Worcestershire Acute Hospitals NHS Trust to review their materials if helpful.

<https://www.endocrinology.org/adrenal-crisis>

We are aware that, in the current climate with pressures on ambulance services and emergency departments, there may be delays in patients with adrenal insufficiency being managed appropriately. We will continue to liaise with the NHSE patient safety team and Royal College of Emergency Medicine to ensure that patients with adrenal insufficiency are given additional hydrocortisone in the appropriate way to prevent further deaths.

Please let us know if you require any further information or clarification.

[REDACTED], Consultant Endocrinologist, Chair of Clinical Committee  
[REDACTED] Consultant Endocrinologist, RCP Patient Safety Committee, Medicines Safety Joint Working Group, NICE Topic Advisor adrenal Insufficiency Guideline  
[REDACTED], Consultant Endocrinologist, GIRFT Lead

On Behalf of the Clinical Committee of the Society for Endocrinology

---

## Enabling endocrinology's potential to advance science and health

---