



University Hospitals of
Morecambe Bay
NHS Foundation Trust

Emergency Hydrocortisone Injection

Endocrinology



When is a hydrocortisone injection required?

You require an injection of hydrocortisone if you have any of the following conditions:

- Persistent vomiting and unable to take your hydrocortisone tablet and keep it down
- Severe diarrhoea
- Already increased (doubled/tripled) oral hydrocortisone dose for acute illness and remain unwell
- Nil by mouth for any reason

An injection of hydrocortisone is essential in these circumstances.

Who should give the injection?

- Your GP or practice nurse, paramedic or hospital nurse / doctor / clinician within the Accident and Emergency department/treating department.
- A person who has been trained to give this injection and assessed by a health professional to do this safely.
- You as the patient - however, if you require emergency hydrocortisone you are likely to be unwell and unable to administer this.

You should not attempt the injection if you have not received training to do this from a health professional.

It is essential, if you are unwell and have given your injection yourself, or from a person who is not a health professional, that you **seek urgent medical attention: go to the Emergency Department or call an ambulance via 999**. Take your NHS Steroid Emergency Card with you and ensure that the team looking after you know that you are on steroid medication and that you are at risk of adrenal crisis and require immediate assessment.

Training to give the injection

The attached leaflet explains how to give the emergency hydrocortisone injection. A health professional is available to teach you or a designated person how to give an emergency hydrocortisone injection. Ask your responsible clinician. You should not attempt this injection if you have not been trained to do it.

Storage of injection

Store the hydrocortisone emergency pack in a dry sealed container out of sunlight. The ampoule of hydrocortisone and water has a date on it that informs you when it expires (exp). Contact your GP to replace this when it has expired. Further supplies of hydrocortisone can be obtained from your GP.

Travelling abroad?

You are required to carry a letter from your GP or hospital stating you are carrying hydrocortisone and needles for a medical condition. You should inform staff at check-in that this is required to be carried in your hand luggage, not in baggage. The staff may take this from you whilst in transit and return it to you when you land.

How to give an emergency injection of hydrocortisone

1. Collect equipment:

- Hydrocortisone (solucortef) 100mg ampoule
- Water for injection
- Filter needle (usually has red cap)
- Green injection needle
- Syringe
- Cotton wool ball/gauze swab/tissue
- Sharps disposal bin

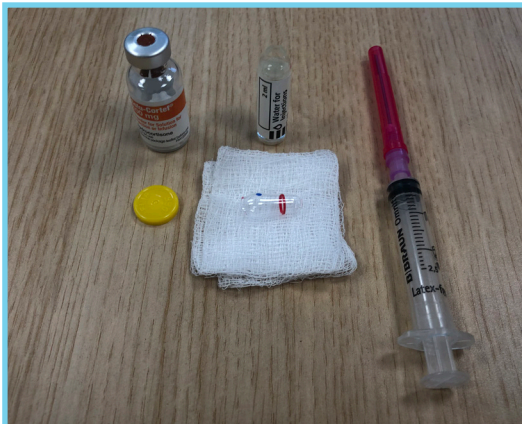


Picture 1: Equipment required

2. Remove the cap from hydrocortisone ampoule.

3. Remove cap from the water using a twisting action if a plastic ampoule. If glass (as in photo) place gauze over blue spot on ampoule top and support between thumb and finger and push away from you which will break the glass top away.

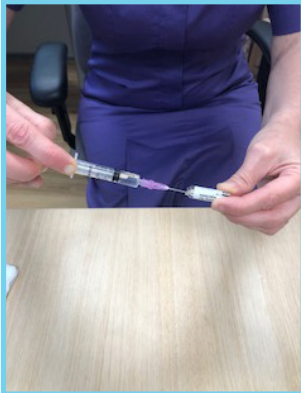
4. Attach the red filter needle to the syringe



Picture 2: Cap removed from hydrocortisone and water and filter needle attached to the syringe

5. Insert the syringe with the filter needle attached into the water for injection and draw the water into the syringe

- The end tip of the needle needs to be below the water.
- Pull the syringe plunger back to pull the water into the syringe. Continue until there is water in the syringe to between the 1 and 2 marked on the syringe. **(Picture 3)**
- Remove the needle and syringe from the ampoule. **(Picture 4)**



Picture 3: Drawing the water for injection into the syringe

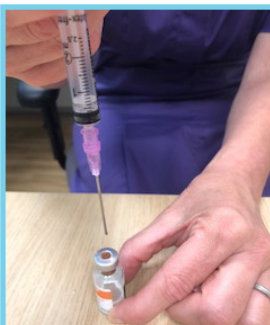


Picture 4: syringe with 2mls water



6.1: Hold the ampoule of hydrocortisone firmly in one hand, ideally on a hard surface, and push the filter needle attached to the syringe with water into the ampoule through the centre of the rubber bung. **(Picture 5)**

Picture 5: Pushing the filter needle/syringe water into the ampoule



6.2: Gently push the plunger of the syringe to push the water into the ampoule. There should not be any fluid in the syringe now. Take the needle out of the ampoule. **(Picture 6)**

Picture 6: Removing the empty syringe and filter needle

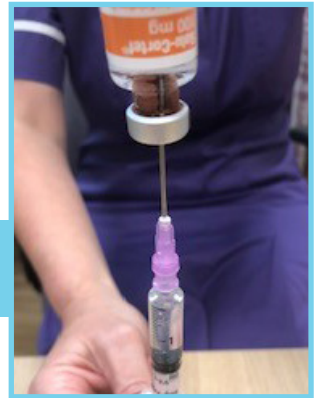
7. Gently shake the ampoule until the powder and water is mixed. **(Picture 7)**

Picture 7: Gently shaking the ampoule to mix the water and powder



8. Hold the ampoule of hydrocortisone upside down and push the filter needle back into the ampoule to just after the rubber bung. **(Picture 8)**

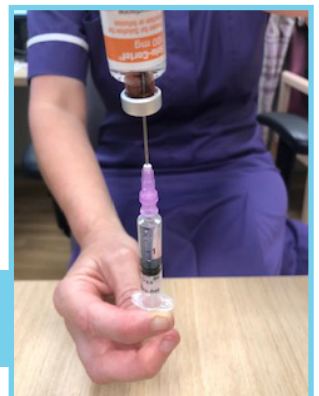
Picture 8: Filter needle with syringe pushed to just below the rubber bung



9. Pull the plunger back to withdraw the fluid from the ampoule:

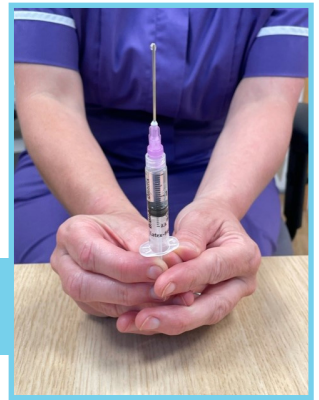
- Continue until there is fluid in the syringe to between the 1 and 2 marked on the syringe. **(Picture 9)**
- Remove the needle from the ampoule

Picture 9: Withdrawing the fluid from the ampoule



10. Hold the needle and syringe upright and push the plunger gently to expel any air in the syringe. You should see a drop of fluid at the top of the needle.
(Picture 10)

Picture 10: Pushing the plunger to expel air from the syringe



11. Change the needle on the syringe to a green injection needle and place the filter needle into the sharps bin.
(Picture 11)

Picture 11: Changing to a green needle



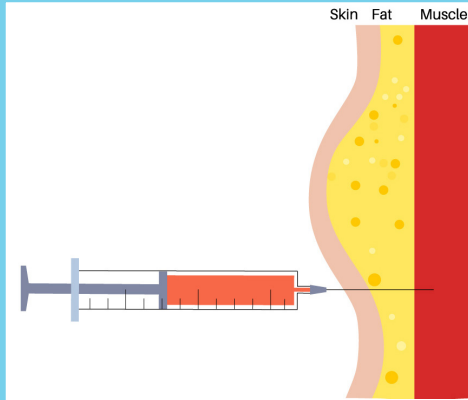
12.1. Remove clothing from site of injection. The site is the outer part of the thigh; this is seen in **picture 14**

12.2. Hold the syringe and green needle at a 90° angle to the skin.
(Pictures 12 and 13)

Picture 12: 90 degree angle



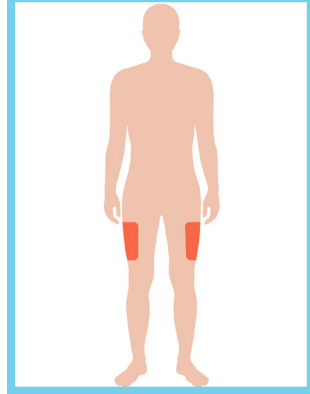
Picture 13: Injecting into upper outer thigh at 90° angle.



13. Push the needle into the skin to almost the end of the needle.
(Picture 15)

Picture 15: pushing the needle into the skin

Picture 14: Upper outer thigh injection site.



14. Pull the plunger back gently and check there is no blood in the syringe. If there is, withdraw the needle and start again from step 13 (moving the site slightly but to remain within the outer area of the thigh). **(Picture 16)**

Picture 16: Pulling the plunger back to check for no signs of blood



15. Push the plunger in slowly and gently to inject all of the fluid
(Picture 17)

Picture 17: Pushing the plunger to inject the fluid



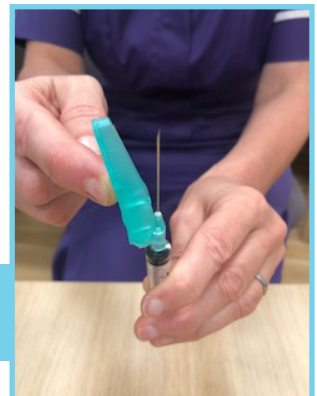
16. Withdraw the needle and syringe. There may be a small drop of blood. If so, press on the site for a short time with a piece of cotton wool, gauze or tissue. (Picture 18)

Picture 18: Withdrawing needle and syringe and pressing on injection site



17. Push the safety cap over the needle. If using a **non-safety needle** (safety needle displayed in the picture) **do not put the needle cover on the needle** as this risks a needle stick injury. (Picture 19)

Picture 19: Pushing safety cap over the needle



18. Put the needle and syringe straight into a sharps disposal bin. **(Picture 20)**

Picture 20: Placing needle and syringe in a sharps disposal bin



Injection technique training/sick day advice given by:

Name/Date:

Signature:

Designation:

Training given to:

Name/Date:

Signature:

Designation: (e.g. patient/next of kin/partner):
.....

Remember it is essential, if you are unwell and have given your injection yourself, or from a person who is not a health professional that you **seek urgent medical attention via your GP or go to the Emergency Department or call an ambulance via 999**. Take your NHS Steroid Emergency Card with you and ensure that the team looking after you know that you are on steroid medication and that you are at risk of adrenal crisis and require immediate assessment.

Ensure that you have completed/updated your steroid emergency card and keep this with you at all times.

Steroid Emergency Card (Adult) NHS 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. Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment. Name Date of Birth NHS Number Why steroid prescribed Emergency Contact	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). Emergency treatment of adrenal crisis 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). 2) Rapid rehydration with Sodium Chloride 0.9%. 3) Liaise with endocrinology team.  Scan here for further information or search https://www.endocrinology.org/adrenal-crisis
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Further information can be found at the following links:

Addison's Disease Self Help Group: www.addisonsdisease.org.uk

Pituitary Foundation: www.pituitary.org.uk

YouTube video 'Adrenal crisis: when to give an emergency injection': www.youtube.com/watch?v=oucbVQ0Whq8

Other formats

If you would like to receive this information in an alternative format, then please contact : **01539 715577**

Travelling to our hospitals

For the best way to plan your journey visit our website: <http://www.uhmb.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): **01539 715577**

Useful Contact Details

NHS 111 (24 hour urgent health advice.): **111**

www.endocrinology.org 01454 642 200

Your Information:

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.uhmb.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) **01539 715577**

Evidence

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer **01524 512476**

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS: **01539 715577**



SMOKEFREE

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below: NHS Quit Squad: **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who can offer 1-2-1 support and nicotine replacement therapy.

A great place to be
cared for;
a great place
to work

Approved by: PD & ILG CA

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