



CONFIDENTIAL DOCUMENT

Individual Healthcare Plan (IHP)

Use in conjunction with:

'Managing Adrenal Insufficiency during Secondary School' Booklet

Student Name:

Year Group:

Reviewed Date:

Contents

Student Information	2
STUDENT DETAILS	
PARENTS/GUARDIANS	
GP	
ENDOCRINE HEALTHCARE PROFESSIONAL (HCP)	
School Information	3
SCHOOL DETAILS	
OTHER CONTACT DETAILS	
Health Needs	4
TYPE OF ADRENAL INSUFFICIENCY	
OTHER MEDICAL CONDITIONS	
ALLERGIES	
What are Addison's and adrenal insufficiency?	5
1 Daily Medication	6
MEDICATION	
SIDE EFFECTS/CONTRAINDICATIONS	
MEDICATION STORAGE & REVIEW	
2 My Sick Day Rules	7
WHEN TO FOLLOW SICK DAY RULES	
UNDER 16 SICK DAY RULES AND DOSING	
OVER 16 SICK DAY RULES AND DOSING	
3 Emergency Management of Adrenal Crisis	8
EMERGENCY INJECTION KITS	
Adrenal Crisis Management	9
Identified Needs	10
SUGGESTED DAILY SCHOOL ROUTINE	
EDUCATIONAL SUPPORT NEEDS	
SOCIAL AND EMOTIONAL SUPPORT NEEDS	
CONSIDERATIONS DURING PHYSICAL EXERCISE	
CONSIDERATIONS ON SCHOOL TRIPS	
TRAINED/COMPETENT STAFF AND OTHERS	
OTHER CONSIDERATIONS	
Signatures and Checklist	13

Introduction

This Individual Healthcare Plan (IHP) template has been designed for young people in UK secondary school education, with a diagnosis of adrenal insufficiency.

This IHP captures the key information and actions required to support this group of young people. Schools should make reasonable adjustments to facilitate prescribed medical care to allow a young person with adrenal insufficiency to participate in education on the same basis as their peers.

This IHP should be a 'live' document so it is updated as changes occur.

It should be reviewed at least annually, including the school, parent/guardian and young person in that review.

This healthcare plan includes:

- Roles and responsibilities, including what the student can manage for themselves.
- Diagnosis and relevant medical history.
- Description of symptoms that might indicate adrenal crisis, and what staff should do if they occur.
- Medication plan: medication and dosage, medication storage and access to medication. This should include written permission from parents and the headteacher for medication to be administered during the school day/school activities.
- Potential impact on learning/behaviour and how support can be provided, including any reasonable adjustments required. Where there is an Education Health Care Plan (EHCP) in place, this should be linked.
- Any specific support needed around the young person's educational, emotional and social needs, including how absences will be managed, support for catching up with lessons and any counselling arrangements.
- A plan for emergencies: see Emergency Flowchart on page 9 (scan QR code below).
- Staff training requirements and communication

protocol (considering confidentiality). The IHP should record the following training details:

- by whom
- to whom
- how frequently
- how supply staff training will be managed

- Additional risk factors/triggers/considerations such as PE, school trips, exams, food and snacks.
- Additional resources: copy of Sick Day Rules, Surgical Guidelines and Adrenal Insufficiency Action Plan.
- Contact information: parents/Next of Kin (NOK), healthcare support, GP.

Secondary School Resources





AUTHOR GROUP

This leaflet has been is the result of input from a multi-disciplinary working group, brought together by the Addison's Disease Self-Help Group.

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Please see the Managing Adrenal Insufficiency during Secondary School booklet for full author profiles.

Student Information

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| Student details

Name:

Date of Birth:

Year & Class:

NHS No:

| Parents/Guardians

Contact #1	Contact #2
Name:	Name:
Relationship to student:	Relationship to student:
Mobile/Home No:	Mobile/Home No:
Email:	Email:

| GP

Name:

Tel No:

Email:

GP Practice address:

| Endocrine Healthcare Professional (HCP)

Name:

Tel No:

Email:

Address:

School Information

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| School details

School Name:

Tel No:

Address:

| Other contact details

(to be completed as required)

Role:	Name:	Email:	Contact Number:
Endocrinologist			
Endocrine Nurse			
SENDCO			
Dietician			
Class Teacher/ Tutor			
School nurse			
Link Person/ Keyworker			
Head Teacher/ Head of Welfare			
Psychologist/ Counsellor			

Health Needs

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This young person has a diagnosis of adrenal insufficiency requiring daily treatment with time-critical oral medication. They should follow 'Sick Day Rules' when they are under physiological or extreme psychological stress. To treat or prevent suspected adrenal crisis, they require an emergency intramuscular injection of 100 mg hydrocortisone.

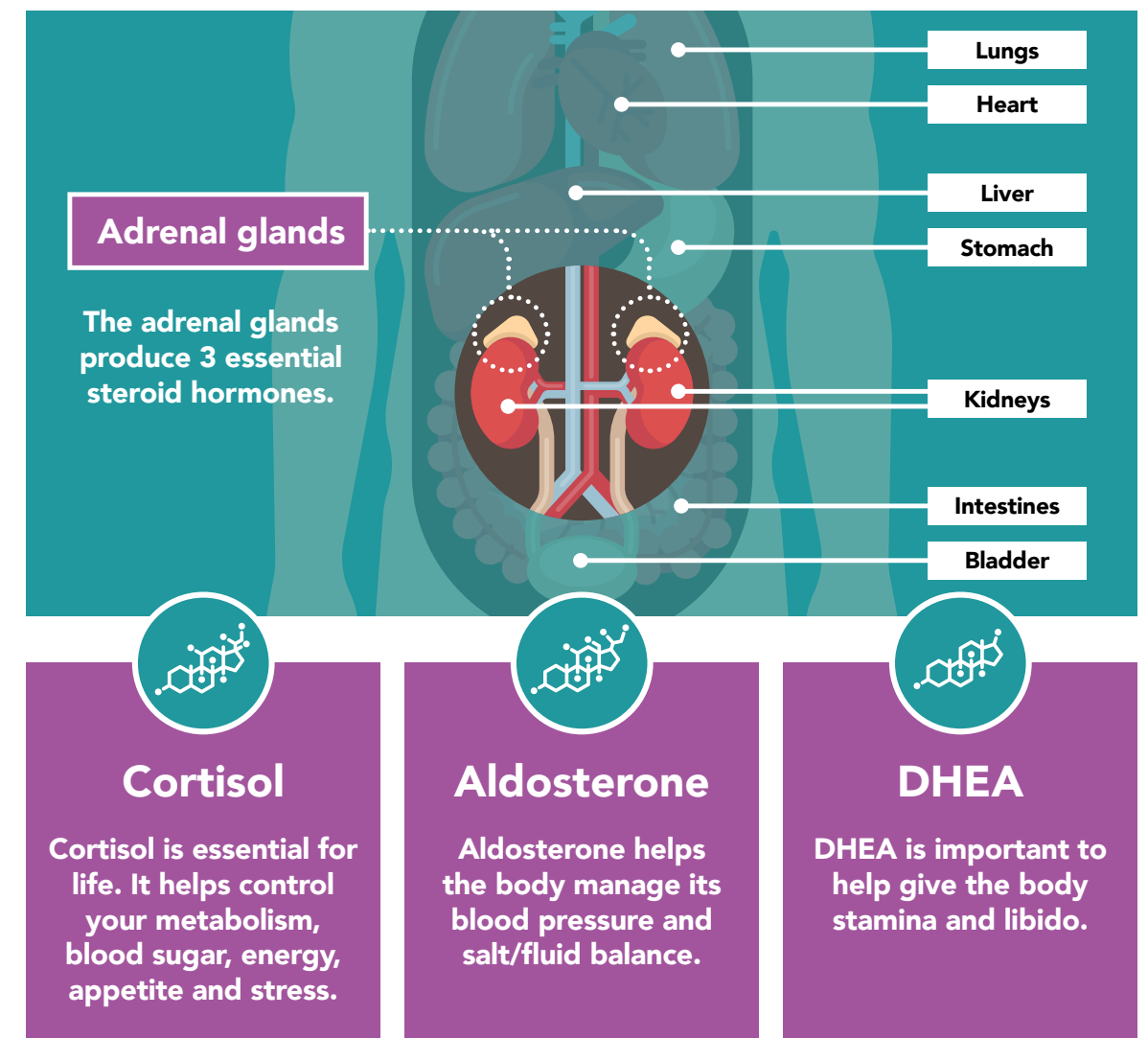
| Type of Adrenal Insufficiency:

[illegible]

Other Medical Conditions:

| Allergies:

What are Addison's and adrenal insufficiency?



Primary adrenal insufficiency/Addison's disease (AD)

Occurs when the adrenal glands, that sit above the kidneys, are unable to produce steroid hormones essential for life, particularly cortisol. Addison's is a rare endocrine condition which occurs in approximately 1 in 10,000 people of all ages and genders.

It is most commonly an autoimmune condition, where the body mistakenly attacks and destroys the cells of the adrenal glands, preventing them from functioning properly. The exact cause of this autoimmune attack is still unknown. In Addison's disease, the adrenal glands are unable to produce cortisol, aldosterone and DHEA.

Secondary adrenal insufficiency

This is caused by a problem within the part of the brain that 'controls' the adrenal glands (the pituitary gland). There are several different reasons why the pituitary gland might not work as it should. Underproduction of a hormone called ACTH (adrenocorticotrophic hormone), leads to reduced cortisol secretion from the adrenal glands.

| Tertiary adrenal insufficiency

Tertiary adrenal insufficiency can occur as a result of taking long term steroid medication for other conditions, for example, chest (e.g. Asthma), skin or joint conditions. The balance between hormones produced by the hypothalamus in the brain, the pituitary gland and the adrenal glands is affected, and stopping the glucocorticoid medication may cause adrenal insufficiency.

1 Daily Medication

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Glucocorticoid replacement medication is time-critical; it is important that doses are not delayed or missed.

Medication:

Medication	Dose	Time	Administered by whom

Side Effects/Contraindications:

Medication Storage & Review:

Consider where medication will be stored for access by the young person and staff as needed. Note when the medication will be reviewed, and by whom, to ensure sufficient stocks (including extra for following Sick Day Rules), and that it is in date.

2 My Sick Day Rules

The Sick Day Rules are a set of clinical guidelines to help keep people with adrenal insufficiency safe and reduce the chances of an adrenal crisis when they are feeling off-colour, injured, ill or under significant emotional/psychological stress.

The Sick Day Rules advise increasing daily medication (known as 'stress dosing' or 'updosing') during the period of illness or stress, when the body needs an increased level of cortisol.

Students must be supported to follow Sick Day Rules; see page 6 of the 'Managing Adrenal Insufficiency during Secondary School' booklet.

When to follow Sick Day Rules

Mild illness/injury

Minor bumps & playground injuries, a minor cold with no fever. **Maintain usual steroid replacement dose.**



Moderate illness

Fever, flu, infection and childhood illness - usually not well enough for school.

Increase medication dosing in line with Sick Day Rules.



Vomiting or diarrhoea

Continue oral Sick Day dosing as long as illness lasts IF tolerated (kept down for 20mins after taking).

If not tolerated, and/or vomiting or diarrhoea continues, give 100 mg IM injection of hydrocortisone. Call 999 and say 'adrenal crisis'.



Severe illness

If drowsy or unresponsive, or with major trauma or severe shock e.g. suspected fracture, road traffic accident, head injury or loss of consciousness.

Give 100 mg IM injection of hydrocortisone. Call 999 and say 'adrenal crisis'.

Under 16 Sick Day Rules and Dosing

In under 16's the Sick Day dose is calculated according to weight (BSPED Adrenal Insufficiency Consensus Guidelines):



25–34 kg

7.5 mg x4/day



35–54 kg

10 mg x4/day



55–69 kg

12.5 mg x4/day



70–90 kg

15 mg x4/day

Over 16 Sick Day Rules and Dosing

In over 16s, the recommended Sick Day dosing is as follows (in line with NICE Guidelines for the Identification and Management of Adrenal Insufficiency, 2024):

Hydrocortisone users

Usual dose is 10-25 mg

 **40 mg** in 24 hours in **2-4 doses**

Start by taking 20 mg immediately.

Usual dose is more than 25 mg

 **Double* usual** in 24 hours in **2-4 doses**

Start by taking 20 mg immediately.

*For most patients, increasing to 40 mg in 24 hrs will be enough, but those on a high routine hydrocortisone dose may need to increase to 50-60 mg divided into 2-4 doses.

My Recommended Sick Day Dosing

in a 24 hr period, based on my 'normal' steroid dose

To be completed based on information from student/parents/HCPs:

 split over

QR codes for the NICE Guidelines and BSPED Adrenal Insufficiency Consensus Guidelines can be found on the back cover of this leaflet.

3 Emergency Management of Adrenal Crisis

Where low cortisol symptoms are getting worse in spite of following Sick Day Rules, or in the following situations, an emergency injection of 100 mg hydrocortisone is required to prevent or treat adrenal crisis. Adrenal crisis is a life-threatening emergency, requiring time-critical intervention.

**Inject hydrocortisone 100 mg intramuscularly (IM) in the following situations:**



Vomiting within 30 minutes of taking a repeat Sick Day dose of medication, or severe and persistent diarrhoea, both of which will interfere with absorption of usual glucocorticoid medication.



Light-headedness and dizziness on standing, confusion.



Severe lethargy or unable to get out of bed, collapse or loss of consciousness.



Severe injury or physical trauma.



Where the student is unable to take oral steroid medications, e.g. before a surgical procedure or investigation (see Surgical Guidelines).

If in doubt, err on the side of caution and inject. Remember, there is no risk of overdose from hydrocortisone in an emergency situation.

Following injection by hydrocortisone, it is essential that the young person is taken to hospital for fluids and monitoring, and to treat the underlying cause of the adrenal crisis.

Emergency Injection Kits

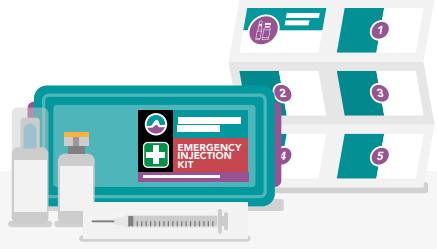
The NICE Guidelines for the Identification and Management of Adrenal Insufficiency recommend that a young person with Primary or Secondary adrenal insufficiency are given 2 or 3 emergency injection kits as follows, for the prevention and treatment of adrenal crisis:

Each emergency injection kit should contain:

- Hydrocortisone sodium succinate 100 mg powder and 2 ml, 5 ml/10 ml water for injection (1 vial)
- 2 x blue needles
- 2 x 2 ml syringes

- Written instructions (available from the ADSHG online shop) in an easy-to-understand format on how to prepare and give emergency intramuscular hydrocortisone and how to safely dispose of needles and syringes.
- Steroid Emergency Card
- Glucose gel (young people under 16)

Some people choose to also store some spare glucocorticoid tablets in their emergency injection kit.

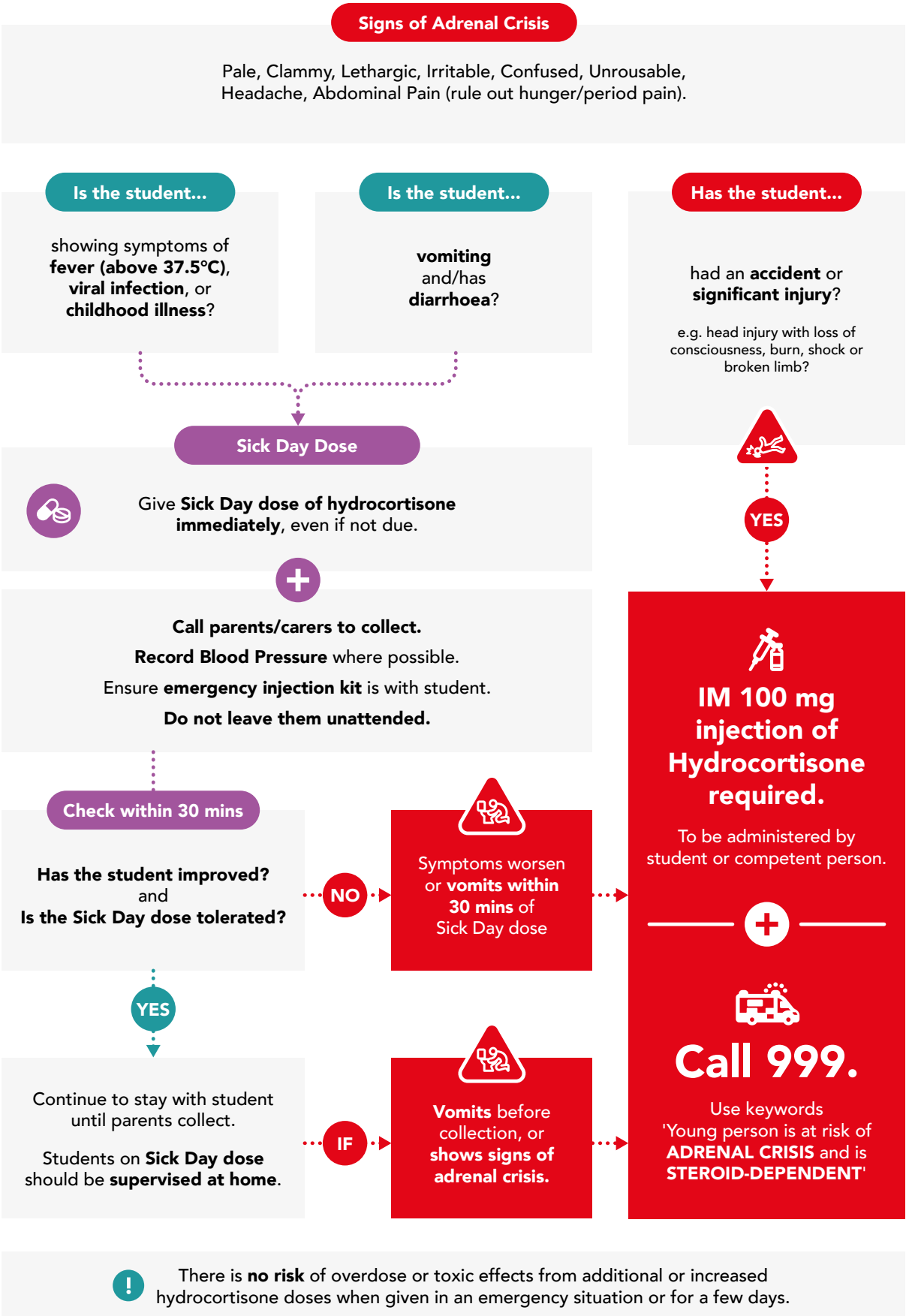


Storage & Review

Consider where emergency injection kits will be stored for access by the young person and staff as needed. Note how the medication and needles/syringes they contain will be reviewed, and by whom, to ensure sufficient stocks, and that everything is in date.

Adrenal Crisis Management

This flowchart provides staff with guidance on when an emergency hydrocortisone injection should be administered and an ambulance called.



Identified Needs

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| Suggested Daily School Routine:

Routine	Time	Note
Arrival at School		
Morning Break		
Lunch		
Afternoon Break		
School Finish		
After School		

| Educational Support Needs:

Consider how to manage missed lessons from frequent or prolonged absences and support needed during exams and tests.

| Social and Emotional Support Needs:

Consider how to maximise inclusion and confidence, and respect student wishes around confidentiality.

| Considerations during Physical Exercise (PE):

Consider access to spare medication for up dosing ahead of strenuous exercise, access to emergency injection kits, and availability of people who are confident/competent to support the student. Also hydration and access to glucose/ snacks as required.

| Considerations on School Trips:

Note below the upcoming trips in the school calendar and refer to the School Trip Record (see QR code for ‘Secondary School Resources’ on back cover) for further information and for planning.

Identified Needs

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| Trained/Competent Staff and Others:

List all staff, and potentially pupils, who have had a) awareness training, b) adrenal crisis emergency management training, and c) emergency injection training and are confident to administer an injection of hydrocortisone in an emergency. Insert date training completed in appropriate circle below.

Name	a) Awareness training	b) Adrenal crisis emergency management training	c) Emergency injection training

| Other Considerations:

- It is recommended that the young person wear identification stating that they are steroid dependent/have adrenal insufficiency. This ID might be in the form of a bracelet, necklace, watch or medic alert card.
- There is no specific age at which a young person with adrenal insufficiency should be expected to take full responsibility for their condition in school. This should be decided on an individual basis.
- Note additional considerations below, having read the **'Managing Adrenal Insufficiency during Secondary School'** booklet.

Signatures and Checklist

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| Signatures:

Role	Name	Signature	Date
Student			
Parent/Guardian			
School Nurse			
School Representative			

| Checklist: Insert date completed in appropriate circle below.

Task	Completed
Spare medication stored safely & accessibly	
Emergency injection kit stored safely & accessibly	
Emergency Flowchart on display in health centre/room. All relevant staff aware and confident to follow.	
Process agreed for supply & review of medication	
Process agreed for student to access medication	
Protocol agreed regarding administration of emergency injection by school staff/pupils	
Protocol agreed regarding staff training in adrenal insufficiency awareness, emergency plan and emergency injection administration	
Exam protocol agreed as required	
Protocol agreed regarding catching up after absences	

RESOURCES AND REFERENCES

Scan for
Emergency Help



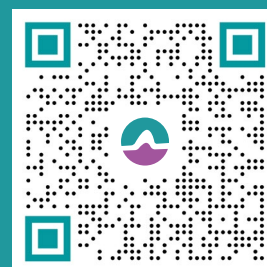
Scan for
NICE Guidelines



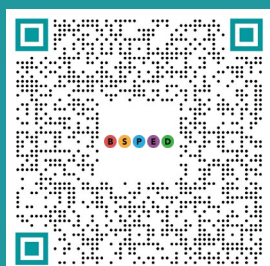
BSPED Adrenal Insufficiency
Consensus Guidelines



Scan for Emergency
Injection Video



BSPED
Sick Day Rules



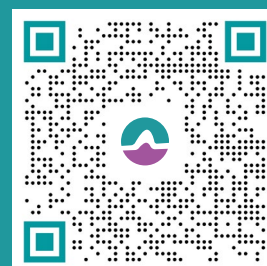
Scan for Secondary
School Resources



Scan for
School Trip Record



Scan for Young People &
AD/adrenal insufficiency



For further advice please contact: enquiries@addisons.org.uk
Website: addisonsdisease.org.uk

The Addison's Disease Self-Help Group works to support people with adrenal insufficiency, including Addison's disease, and to promote better medical understanding of this rare condition.

The ADSHG is supported and advised by a Clinical Advisory Panel: a group of medical professionals with an interest in adrenal medicine.
Registered charity 1179825, established 1984.

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This leaflet has been authored
by a working group consisting
of the ADSHG, parents,
teachers and paediatric and
endocrine health experts.

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