St John WA

Structured Administration and Supply Agreement – Hydrocortisone Injection

SASA Details	
Title:	Hydrocortisone IM/IV Injection administration for St John WA Paramedics
Identifier:	Hydrocortisone Injection V1.1

Issuing Authority	
Hospital Name:	St John WA
Address:	209 Great Eastern Highway BELMONT, 6104
Contact:	(08) 9334 1222

Authorised Persons	
Practitioners:	St John WA Paramedics
Location:	All pre-hospital regions of Western Australia (WA)
Qualification:	AHPRA Registered Paramedic

Authorised Medicine			
Medicine Name:	Hydrocortisone	Brand:	Solu-Cortef Act-O-Vial
Form:	Injection	Strength:	100mg
Dose:	Adult: 100mg single dose Paediatric: <7kg: 25mg, 8- 12kg: 50mg, 13-30kg: 75mg >30kg: 100mg.	Quantity:	1
Route:	IM/IV		
Instructions:	Administer required dose intramuscularly or intravenously		

Approved Circumstances	
Authorised to:	Administer Hydrocortisone IM/IV injection
Place:	WA Pre-hospital environment
Patients:	St John WA Ambulance patients
Medical Condition:	Adrenal Crisis in known adrenal insufficiency

	Life-Threatening Asthma in Paediatrics	
	Severe or Life-Threatening Asthma in Adults	
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Clinical / Other Information		
Patient Inclusion	St John WA patients	
Patient Exclusion:	Known allergy or adverse drug reaction to hydrocortisone	
Special Instructions:	Act-O-Vial mechanism to be engaged to combine dried powder with diluent prior to administration	
Administration Notes:	NA	
Clinical Guidelines	See;	
	St John WA Medication Guideline: Hydrocortisone	
	St John WA Clinical Practice Guideline: Adrenal Insufficiency	
	St John WA Clinical Practice Guidline: Asthma	

	Арр	roval	
Date of Issue:	15/07/2024		
Date of Expiry:	15/07/2026		
	Clinical Govern	ance Committee	
Committee:	St John WA Medical Advi	sory Committee (MAC)	
Chair Name:	Dr Gayle Christie		
Date:	15/07/2024		
	Medical	Director	
Name:	Dr Gayle Christie		
Date:	25/08/2025	Signature:	
	Chief Execu	itive Officer	
Name:	Mr Kevin Brown		
Date:	25/8/25	Signature:	