St John WA

Structured Administration and Supply Agreement – HYDROCORTISONE IM Injection

	SASA Details	
Title:	Hydrocortisone IM Injection for St John WA Para	amedics
Identifier:	HYDROCORTISONE INJ 1.0	

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

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

	Authorised N	fedicine	
Medicine Name:	Hydrocortisone	Brand:	Solu-Cortef Act-O-Vial
Form:	Injection	Strength:	100mg
Dose:	As per Medication Guideline	Quantity:	1
Route:	Intramuscular injection		
Instructions:	Administer required dose intramuscularly		

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

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	

	Ap	proval	
Date of Issue:	15/07/2024		
Date of Expiry:	15/07/2026		
	Clinical Gove	rnance Committee	
Committee:	St John WA Medical Advisory Committee (MAC)		
Chair Name:	Dr Gayle Christie		
Date:	15/07/2024		
	Medic	al Director	
Name:	Dr Gayle Christie		
Date:	30/2/24	Signature:	Gethnere
	Chief Exe	cutive Officer	- full state of the state of th
Name:	Mr Kevin Brown		
Date:	12/8/24	Signature:	(1)