**HAZARD ALERT NOTIFICATION FORM**

***PATIENT DETAILS***

*CHI:**Date of Birth:*

*Patient Name:*

*Patient Address:**POST CODE:*

*Alternative address:*

*School/Nursery/other address:*

***CARER DETAILS***

*Name:*

*Contact Number:*

***G.P. DETAILS***

*G.P Name:*

*G.P Address:*

*G.P Contact Number:*

NATURE OF HAZARD ALERT

 Condition: **ADRENAL CRISIS**

 Immediate treatment plan:

* Give Hydrocortisone
Dose to give:
* Check Capillary blood glucose
* Treat if low (below 4 mmol/L) – oral glucose or iv dextrose as per APLS Guidelines
 **Do NOT give glucagon**

***OTHER USEFUL INFORMATION (e.g. access issues, etc.):***

DATE OF COMPLETION:       DATE TO BE REVIEWED:

NAME:       DESIGNATION:

E-MAIL:       PHONE:

**Send completed form to –** **sas.dataadmin@nhs.scot**