

Emergency Management Guidelines for Newborns with Abnormal CAH Screen Results – 2015

Infants in the State of Oklahoma are now screened for CAH as part of the general newborn screening program of the Oklahoma State Department of Health (OSDH). OSDH follow-up protocol requires any newborn identified with an abnormal CAH screen to present for a medical evaluation within 24 hours of the screen report to determine if immediate intervention is warranted, as **adrenal crisis is life threatening**. To facilitate this evaluation, the following guidance was developed in collaboration with pediatric endocrinology consultants.

Evaluation and Initial Management Recommendations

1. History and Physical Exam:
Examine for ambiguous genitalia (visualize vaginal introitus, phallus, palpate scrotum for testes), hyperpigmentation, and hypospadias.
2. Assess specifically for signs and symptoms of adrenal insufficiency (salt-losing symptoms):
 - Emesis
 - Excessive weight loss relative to birth weight
 - Diaphoresis
 - Hyperventilation
 - Pallor
 - Dry mucosa
 - Lethargy
3. Initiate lab work to include:
 - Stat BMP (assess for salt wasting, hyponatremia and hyperkalemia) and review results before discharge.
 - 17-OHP by DLO – draw sites and courier service information will be provided

NOTE: Do not administer any medications until all lab work has been collected. If not, the medications will confound the results.
4. IV fluid replacement, if dehydrated.
5. Additional supportive care as clinically indicated.
6. Consult with a Pediatric Endocrinologist regarding treatment and clinical management needs.
7. After **ALL** lab work is drawn, administration of 25 mg Solu-cortef (IM) may be indicated, particularly if infant is physiologically unstable.

Discharge Criteria

1. Infant is clinically stable, 17-OHP drawn and BMP is WNL.
2. Follow-up plans in consultation with a pediatric endocrinologist have been confirmed.
3. OSDH Parent Fact Sheet on CAH reviewed and distributed to parent/guardian.

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OSDH provides the services of a Newborn Screening Endocrine Nurse to assist physicians and families. The goal of this resource is to assist as needed in the process of ensuring any infant identified with a presumptive positive CAH receives optimal and clinically appropriate care. This nurse will facilitate communication between the PCP, ER team and Pediatric Endocrinologist, as well as assist in the interpretation of laboratory results and/or answering questions regarding therapeutic interventions. For assistance, please call: ***Jennie Campbell, RN (405) 271-8001 ext. 43043**