

Westchester Regional Emergency Medical Advisory Committee



Nicholas DeRobertis, MD, FACEP
Chairperson

REMAC Advisory (January 2003)

In recent months, due to difficulties in obtaining the appropriate raw materials and problems in production, the manufacturers of injectable Methylprednisolone sodium succinate (Solu-Medrol) have issued shortage notifications.

Until Abbott and Pharmacia are able to overcome these shortages, ALS providers are authorized to use injectable Hydrocortisone sodium succinate (Solu-Cortef) as a replacement medication for the treatment of patients exhibiting the clinical indicators that indicate the use of Methylprednisolone. While it should be noted that Hydrocortisone is experiencing similar shortages in some areas, it is the only alternate injectable medication being considered at this time.

All providers are reminded that the use of intravenous glucocorticoids remains a Medical Control Option.

Utilize the following chart for administration conversion:

DRUG	ADULT IV Dose	PEDIATRIC IV Dose
Methylprednisolone (Solu-Medrol)	125mg/50cc over 3-5 min	2 mg/kg over 2 min
Hydrocortisone (Solu-Cortef)	500mg/50cc over 3-5 min	4-8 mg/kg I.V. over 2 min (max. dose of 250mg)

When the development and distribution of Methylprednisolone reaches satisfactory levels the utilization of Hydrocortisone will be discontinued.

Please refer all questions to the Regional EMS Office Staff. Your anticipated cooperation is appreciated.

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Chair, Westchester Regional Emergency Medical Advisory Committee