From: Jean Sullivan
To: oksana.glukhovskikh@state.or.us
Subject: SB875
Date: Wednesday, March 11, 2015 5:53:38 PM

Dear Ms. Glukhovskikh:

My daughter, Annalee Sullivan, suffered a brain injury during an adrenal crisis when she was 3 ½, losing the ability to walk, talk, and eat orally. She attended a life-skills class with a nurse in the classroom. Annie required “eyes-on” at all times because she was non-verbal as a result of the adrenal crisis, and couldn’t explain how she felt or if she needed extra hydrocortisone or an emergency injection.

Her nurses kept in touch with me through each day, and we adjusted her hydrocortisone dose based on outward signals such as sunken, dark circles under her eyes, nausea, or lethargy, all of which would indicate a need for more hydrocortisone. The nurses had my written permission to give her 5 mg. more hydrocortisone tablets if I was unavailable to consult with them. They also had Annie’s emergency injection of Solu-Cortef, and had written permission to administer it in the event they deemed it necessary.

Adrenal insufficiency is a life-threatening condition requiring monitoring and adjustment of medicine, sometimes for no outward reason. The simple stress that kids go through at school could require an extra dose. Because my daughter was severely disabled as a result of an adrenal crisis, and nonverbal, I would not have sent her to school without continual monitoring by a nurse who could respond immediately with additional hydrocortisone.

Thank you for sponsoring this bill SB875. It will save lives.

Jean Sullivan