



## Adrenal Insufficiency: Emergency Instructions

**Patient should be seen by a physician ASAP – Waiting in triage is inappropriate!**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Diagnosis: **Adrenal insufficiency** due to \_\_\_\_\_

Endocrinologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signs of impending adrenal crisis include, but are not limited to** weakness, dizziness, nausea, vomiting, hypotension, hypoglycemia, pallor, and/or lethargy.

**Stress doses of hydrocortisone should be given** for fever >100.5° F, vomiting, diarrhea, physical trauma (e.g., broken bone, concussion, organ injury, etc.), and/or lethargy.

**Immediate treatment after drawing stat electrolytes, glucose and point of care glucose** should consist of:

- 1) Treatment of hypoglycemia if present.
- 2) IV fluids: D5 normal saline at 20 mL/kg for 1 hour and then continue fluid replacement
- 3) Solu-Cortef by IV bolus (or other parenteral hydrocortisone formulation) (as soon as IV is started) - can give IM if IV access is a problem:
  - i. 25 mg for children 0-3 years of age
  - ii. 50 mg for children > 3-10 years of age
  - iii. 100 mg for children > 10 years of age, teens, and adults
- 4) Solu-Cortef (or other parenteral hydrocortisone formulation) should then be continued in the hospitalized patient either as a continuous IV drip or in 4 divided doses IV/IM for the duration of the stress:
  - i. 25 mg/day for children 0-3 years
  - ii. 50 mg/day for children >3-10 years
  - iii. 100 mg/day for children >10 years, teens, and adults

Guideline provided by the Pediatric Endocrine Society Board of Directors, November 2015