Emergency protocol developed by Professor Peter Hindmarsh, Professor of Paediatric Endocrinology
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ADRENAL INSUFFICIENCY

EMERGENCY LETTER

To whom it may concern,

This patient is under the care of the endocrine team at:

_____

Please contact the endocrine team as soon as possible by phone at:

_____

Name: _____
Home Address: _____
DOB: _____
Emergency Contact: _____

They must be seen by a medical physician IMMEDIATELY. Time spent in a waiting room or triage is INAPPROPRIATE.

The patient is on replacement steroids and is at risk of a life threatening adrenal crisis if not treated quickly. A crisis will occur when there is an electrolyte imbalance with febrile illness, fluid depletion from vomiting and diarrhea, burns, serious illness and injury. Signs of an impending crisis can include weakness, dizziness, floppiness, failure to respond, nausea and vomiting, hypotension, hypoglycemia, pallor, and clammy sweating.

1. Insert IV Cannula

2. Urgent Blood Tests Required

Basic Metabolic Panel: sodium, potassium, chloride, bicarbonate, urea, glucose, creatinine and calcium.
Cortisol
Check capillary blood glucose level
Any other appropriate tests (e.g. urine culture)

3. Treatment

STAT: Solu-cortef injection, 100mg IV or IM

4. IV Fluids

1. Commence IV fluids infusion of 0.45% sodium chloride, 5% glucose at maintenance rate (extra if patient is dehydrated). Add potassium depending on electrolyte balance.
2. Commence hydrocortisone infusion in 50 ml 0.9% sodium chloride via syringe pump.
3. Monitor for at least 12 hours before discharage.
4. If blood glucose is <2.5 mmol/l give bolus of 2ml/kg of 10% glucose.
5. If patient is drowsy, hypotensive, and perpetually shut down with poor capillary return, give:- 20ml/kg of 0.9% sodium chloride stat.

If in any doubt about this patient's management, please contact the patient's care team at: ( ) -

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