



EMERGENCY CARE PLAN FOR ADRENAL INSUFFICIENCY

This patient is adrenally insufficient and steroid dependent.

The patient must be seen by a physician **IMMEDIATELY** because of potential life threatening electrolyte disturbances, hypoglycemia, and hypotension which may occur as part of an **ADRENAL CRISIS** which is highly likely during illness.

Signs of impending adrenal crisis could include lethargy, weakness, dizziness, nausea, vomiting, hypotension, hypoglycemia, tachycardia and pallor.

TREATMENT should be started as follows:

1. IV fluids: D5W with normal saline at maintenance to correct for dehydration and to maintain blood glucose levels in the normal range.
3. Initial Hydrocortisone (Solu-Cortef) IV bolus of **100mg/m²** (can be administered IM if unable to obtain IV access).
3. Continue Hydrocortisone (Solu-Cortef) IV q6h of **25mg/m²** until patient is able to tolerate oral Hydrocortisone (Solu-Cortef), is rehydrated, and has normal electrolytes and glucose levels.

If required, call the Sick Kids Endocrine doctor on call @ [416-813-7500](tel:416-813-7500) for clarification/advice.

PATIENT BASELINE INFORMATION

Weight _____ Height _____ Body surface area _____ as of _____

Current Oral maintenance dose @ home is _____

Oral Stress Dose (for illness/injury @ home) is _____

IV/IM emergency dose is _____

