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Acute Adrenal Insufficiency

Medical Director Review Date 3-1-2016

Adrenal insufficiency or Addison's disease is an endocrine disorder that occurs when the adrenal glands do not produce sufficient amounts of cortisol and other glucocorticoid hormones needed to respond to stress and inflammatory reactions and needed to re-establish homeostasis after a stress response.

Early signs and symptoms of patients in acute adrenal crisis include pallor, dizziness, headache, weakness/lethargy, abdominal pain, nausea/vomiting and hypoglycemia. If left untreated, symptoms may progress to hypotension, shock, seizures and eventual heart failure.

TREATMENT

- Airway/breathing management
  - Administer O_2 via proper adjunct to maintain oxygen saturation of 95% or greater

- Initiate cardiac monitoring;
  - Record and evaluate 12 lead ECG strip

- Establish IV Access
  - If indicated (i.e. tachycardia, hypotension), 20 ml/kg normal saline to maintain systolic BP of 90 mmHg.
  - Monitor for evidence of fluid overload

- Determine Blood Glucose Level

- Assess temperature

- Treatment based on identification, assessment and patient's level of distress

  - For patient's confirmed to have Acute Adrenal Insufficiency by either the presence of a medical alert bracelet, designation of medical records or other patient, family or medical confirmation.

    - Assist with administration of patient's **Solu-Cortef** if present
    - If Solu-Cortef not available, administer **Solu-Medrol 125 mg** slow IV push