ADRENAL INSUFFICIENCY CRISIS

- Adrenal insufficiency results when the body does not produce the essential life sustaining hormones cortisol and aldosterone, which are vital to maintaining blood pressure, cardiac contractility and water and salt balance.
- Adrenal insufficiency can be caused by a number of conditions:
  - Congenital or acquired disorders of the adrenal gland
  - Congenital or acquired disorders of the pituitary gland
  - Long term use of steroids (COPD, asthma, rheumatoid arthritis, and transplant patients)
- Acute adrenal insufficiency can result in refractory shock or death in patients on a maintenance dose of hydrocortisone (SoluCortef) / prednisone who experience illness or trauma and are not given supplemental doses of hydrocortisone.
- This protocol is used for patients with a known history of Adrenal Insufficiency (Primary Adrenal Insufficiency aka Addison's disease, Secondary Adrenal Insufficiency, Congenital Adrenal Hyperplasia aka CAH) who have or are currently experiencing an episode of high stress such as trauma, infection or recent surgery.
- This protocol is to be used to prevent such stressful episodes from possibly causing a life-threatening condition known as an Adrenal Crisis, of which these patients are at extreme risk.

INITIAL ASSESSMENT AND CARE

- Initial Patient Assessment
- Patient Airway Management
- General Supportive Care

BLS

- Routine Patient Care. Oxygen via nasal cannula @ 2-4 LPM to maintain oxygen saturation >94% (non-rebreather @ 15 LPM if SpO2 <90%).

ALS

- Establish IV of Normal Saline TKO. (This should not delay administration of the Solu-Cortef which can be administered IM if there is difficulty establishing an IV)
- Adult: History of Adrenal Insufficiency, administer Solu-Cortef 100mg IV, IM, or IO.
- Pediatric: History of Adrenal Insufficiency, administer Solu-Cortef 2mg/kg, to a maximum of 100mg IV, IM or IO.
- Monitor ECG
- Determine serum glucose level with Glucometer. If patient is hyperglycemic or hypoglycemic, treat according to Diabetic protocol.

NOTE

- Adrenal Crisis leading to death usually results from hypotension or cardiac dysrhythmias due to hyperkalemia. Remember that an ECG can provide evidence of hyperkalemia.
- In addition to treating with Solu-Cortef, treatment should be based on the clinical presentation and findings.
- Be alert for vomiting and have suction ready

Revised: (New Protocol) 10/01/15