


PEDIATRIC ADRENAL INSUFFICIENCY EMERGENCY TREATMENT

GENERAL CONCEPTS

- Adrenal insufficiency is a condition where the body is unable to produce enough cortisol
- This can be due to damage to the adrenal glands, damage to the pituitary, or can be a temporary process after the body is exposed to exogenous glucocorticoids for an extended period of time.
- If a patient with known or suspected adrenal insufficiency presents for emergency medical care, please triage immediately (do not place in the waiting room). Adrenal crisis can result in hypotensive shock or death if not detected and treated promptly.
- Signs of adrenal crisis can include: weakness/lethargy, headache, dizziness, nausea/vomiting, hypotension, hypoglycemia, seizure, neurologic deficits

ED MANAGEMENT INITIAL RESUSCITATION/REHYDRATION

- Complete vital signs and immediate clinical assessment/exam
- Immediate POC glucose measurement
- **Initial SoluCortef (hydrocortisone) IV/IM bolus:**
 - **25mg if < 3 yrs old**
 - **50mg if 3-10 yrs old**
 - **100mg if > 10 yrs old**

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- STAT electrolyte measurements
 - IV fluids: D5NS 20ml/kg over 1 hour, then further IVF if indicated
 - **Further hydrocortisone if indicated based on clinical status or after discussion with pediatric endocrinologist.**

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