

C024 - Adrenal Insufficiency

The following guideline is provided to support the decision-making and process of undertaking the management of the patient who has symptomatic adrenal insufficiency. The aim is to recognise and manage the patient suffering an episode of Addisonian crisis, Acute Adrenal Crisis or adrenal insufficiency whilst also identifying any compounding illness (eg infection).

Initial Assessment and Care

- Apply clinical approach;
- Assess history, signs and symptoms;
- Reassurance and place patient in a position of comfort;
- Gain IV access;
 - **Normal saline 0.9% 20mL/kg** as required to maintain adequate perfusion;
 - **Hydrocortisone 100mg IV/IMI (Adult)**, single dose only
- **Hydrocortisone 4mg/kg IV/IMI (Paediatric ICP Only)**, single dose only, not exceeding 100mg.
- If pain continues, manage **as per C029 Pain Management**
- If hyperkalaemia is suspected, perform and interpret a 12 lead ECG and manage **as per C026 Hyperkalaemia**;
- If hypoglycaemic, manage **as per C025 Diabetic Emergencies**;
- If nausea and vomiting, manage **as per C027 Nausea and Vomiting**;
- Transport to hospital.

Considerations

- Adrenal insufficiency presents with a known history of Addison's disease, long term corticosteroid therapy or known autoimmune disease and the following symptoms: altered consciousness; non-specific abdominal pain; anorexia; vomiting (hyperemesis); diarrhoea; hypothermia; hypoglycaemia; and hyperkalaemia.
- Hydrocortisone provides the necessary endocrine hormonal requirements in symptomatic adrenal insufficiency and adrenal crisis.
- The administration of hydrocortisone is appropriate if the paramedic has a strong suspicion of symptomatic adrenal insufficiency or adrenal crisis.
- Adrenal crisis is insufficiency associated with hypotension and disturbance of consciousness and/or mental state often with hyperkalaemia; is a life threat and requires urgent empiric treatment with hydrocortisone.