

# Adrenal Insufficiency

## Adult & Pediatric

2.1

### EMT STANDING ORDERS – ADULT & PEDIATRIC

**E**

- Routine Patient Care.
- Identify and treat the underlying condition.
- Consider paramedic intercept.

### ADVANCED EMT STANDING ORDERS - ADULT & PEDIATRIC

**A**

- Assist the patient/caregiver in giving the patient his or her own medications, as prescribed.

### PARAMEDIC STANDING ORDER – ADULT & PEDIATRIC

**P**

Stress Dose:

- Adult: History of adrenal insufficiency; administer hydrocortisone 100mg IV/IM.
- Pediatric: History of adrenal insufficiency; administer hydrocortisone 2mg/kg, to a maximum of 100mg IV/IM.

### PARAMEDIC EXTENDED CARE ORDERS- ADULT & PEDIATRIC

**X**

- After the stress dose continue to administer hydrocortisone every 6 hours:
  - Adult: 100mg IV/IM every 6 hours.
  - Pediatric: 2mg/kg IV/IM every 6 hours to a maximum single dose of 100mg.
- In patients with the following signs and symptoms consider the need for repeat stress dosing:
  - Nausea, vomiting, weakness, dizziness, abdominal pain, muscle pain, dehydration, hypotension, tachycardia, fever, mental status changes.
- Additional Considerations:
  - Aggressive volume replacement therapy.
  - Vasopressors may be needed to treat refractory hypotension, see [Shock – Non-Traumatic Protocol 2.21](#).
  - Treat for hypoglycemia, see [Hypoglycemia Protocol 2.10A or 2.10P](#).
  - Normalize body temperature.

#### PEARLS:

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, water, and salt balance.

Chronic 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 a stress dose and, as necessary, supplemental doses of hydrocortisone.

#### PEARLS:

A "stress dose" of hydrocortisone should be given to patients with known chronic adrenal insufficiency who have the following illnesses/injuries:

- Shock (any cause)
- Fever >100.4°F and ill-appearing
- Multi-system trauma
- Drowning
- Environmental hyperthermia or hypothermia
- Multiple long-bone fractures
- Vomiting/diarrhea accompanied by dehydration
- Respiratory distress
- 2nd or 3rd degree burns >5% BSA
- RSI (Etomidate may precipitate adrenal crisis)