# **Adrenal Insufficiency Adult & Pediatric**

### EMT STANDING ORDERS – ADULT & PEDIATRIC



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

## ADVANCED EMT STANDING ORDERS - ADULT & PEDIATRIC



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

# PARAMEDIC STANDING ORDER – ADULT & PEDIATRIC

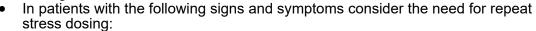


#### Stress Dose:

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

# PARAMEDIC EXTENDED CARE ORDERS- ADULT & PEDIATRIC

- After the initial hydrocortisone (100 mg IV/IM), give hydrocortisone 50 mg IV bolus administered every 6 hours until stabilization of vital signs and capacity to eat and take medication orally.
  - Pediatric: 2 mg/kg IV/IM every 6 hours to a maximum single dose of 100



- 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 2.19.
  - Treat for hypoglycemia, see Hypoglycemia Protocol 2.9A or 2.9P.
  - 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)