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ADRENAL CRISIS

Patients with pituitary or adrenal crisis may experience episodes of adrenal crisis. It is often life-threatening and many ERs are not familiar with what to do. This is a guide for a patient with a possible adrenal crisis.

Should the patient develop vomiting and other signs of adrenal crisis and be unable to keep her Cortef down, the patient should proceed to an emergency care hospital and receive as soon as possible 100mg of Solu-cortef in 50cc of NS intravenously over 15-30 minutes. Fluid status should be monitored carefully and replaced by 1-2L of 5% dextrose and normal saline over a 2 hour span if needed. The patient may also be given Zofran 4-8 mg IV PRN nausea/vomiting and Dilaudid 1-2 mg IV PRN pain and/or Ativan 0.5-2mg IV for agitation. This should take her out of acute adrenal insufficiency and the patient should be able to go home if stable, taking fluids, voiding, etc. An additional dose of 100mg of Solu-Cortef IV may need to be given before discharge and the patient is unable to take her Cortef orally. The half life of IV hydrocortisone is about 6 hours.

Supportive treatment of low blood pressure may be necessary and treated with IV fluids. Electrolytes should be drawn and potassium replaced as necessary. Other labs to be checked are chemistries for kidney and liver, CBC and glucose. A cortisol and ACTH level should be checked, before steroid treatment, if possible. If infection is the cause of the crisis, antibiotic therapy is indicated.

The patient understands to bring this letter to any care givers who may need to see it. The patient's endocrinologist should be contacted.