

Adrenal crisis is a life threatening emergency as a result of the adrenal glands being unable to produce sufficient cortisol in response to a major stress (e.g. sepsis, trauma)

The two main conditions which may result in adrenal crisis are:

- 1) Addison's disease (chronic adrenal insufficiency) which is a rare and progressive disorder that affects between one and six in every 100,000 people. It affects people of both sexes and all ages. The decreased functioning of the adrenal glands in patients with Addison's occurs over time and is not usually apparent until over 90% of the adrenal cortex has been destroyed. Symptoms of the disease as it advances include:
 - Severe fatigue & weakness
 - Weight loss
 - Increased pigmentation of the skin
 - Faintness
 - Low blood pressure
 - Nausea & vomiting
 - Salt cravings
 - Painful muscles and joints
- 2) Congenital Adrenal Hyperplasia (CAH) which is a genetic disorder whereby there is a reduction in mineralocorticoids (cortisol, aldosterone) and an increase in androgens. CAH is often detected at birth through genetic testing.

Adrenal crisis occurs as a result of:

- Extreme stress – an accident, excessive heat or physical exertion
- Severe illness – especially dehydration from vomiting or diarrhoea
- Sudden shock – for example, the death of a significant person

If left untreated adrenal crisis can be fatal

The symptoms of Adrenal crisis include:

- Pain in the abdomen, back and legs
- Nausea, vomiting or diarrhoea
- Low blood pressure, low blood sugar, high potassium, low sodium and rapid heart rate
- Possible mental confusion and loss of consciousness

1. Protocol A2**2. Confirm pre-existing diagnosis of Addison's disease/Congenital Adrenal Hyperplasia and presence of worsening symptoms****3. Administer patient's prescribed hydrocortisone if symptomatic****4. Treat associated conditions if present**

Consider particularly:

- Hypoglycaemia
- Hypovolaemia
- Dehydration

 **5. Regularly repeat and document ABCD physical examinations and physiological observations in order to identify trends in clinical deterioration** **6. Transport to Emergency Department**

All patients treated under Protocol M24 Adrenal Crisis
must be transported to ED