

## Clinical Practice Guideline

## Intensive Care Paramedic

# Acute Adrenal Insufficiency

### 1. Principle

Adrenal Insufficiency (AI) is a condition in which the adrenal glands do not produce sufficient amounts of steroid hormones. These hormones play a critical role in maintaining osmoregulation. Acute AI is a life threatening event, predominantly occurring in Addison's disease. Many of these patients have established management plans in place.

Precipitating factors of AI can include: Evidence of withdrawal from steroid medication, recent increase in physical or psychological stress or an acute illness.

Signs and symptoms of AI include, but are not limited to: altered GCS, dehydration resulting in hypovolaemia, hyperkalaemia, hypoglycaemia, nausea, vomiting, and abdominal pain.

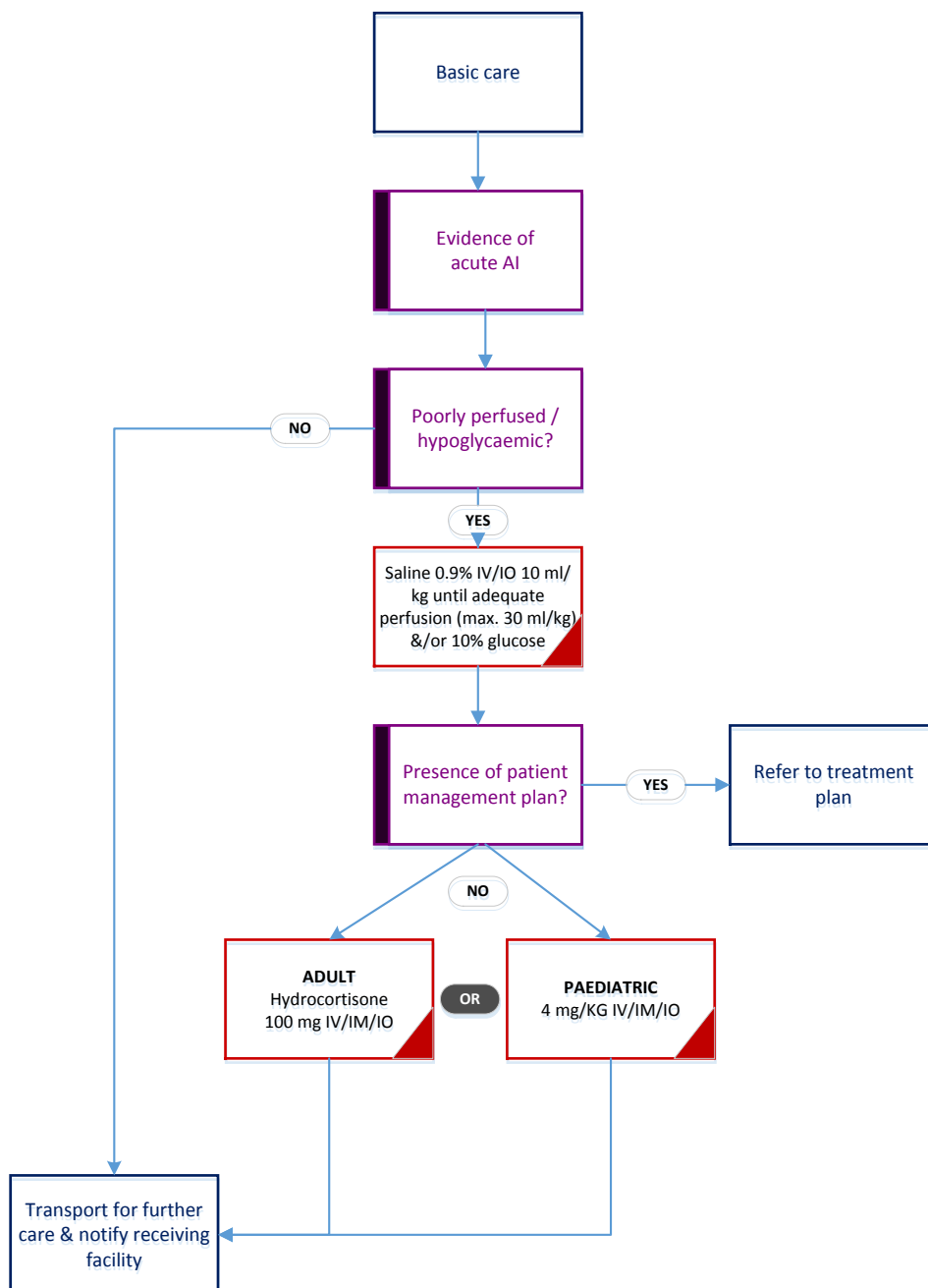
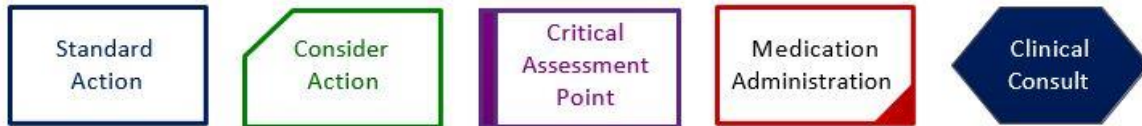
### 2. Clinical Practice Guideline Details

- Basic care, including 12-Lead ECG and BGL
- Treat dehydration and hypoglycaemia symptomatically
- In the presence of an adrenal insufficiency diagnosis, treatment should follow existing management plan if available. Or:
  - In adults:
    - Hydrocortisone 100 mg IV/IM/IO as a single dose
  - In paediatrics:
    - 4 mg/kg Hydrocortisone IV/IM/IO to a maximum total dose of 100 mg
- Provide transport and notify the receiving facility
  - Within Metropolitan Adelaide:
    - Consider any direction in existing management plan
    - Following the administration of hydrocortisone, stable patients should be transported to the geographically closest of the Lyell McEwin, Royal Adelaide or Queen Elizabeth Hospital or Flinders Medical Centre
    - Unstable patients and those not requiring the administration of hydrocortisone should be transported to the geographically closest Emergency Department

# Acute Adrenal Insufficiency

## AIDE-MEMOIRE

Refer attached flowchart



# Acute Adrenal Insufficiency

### 3. Appendices











NIL

### 4. References/Associated Documents

Doc. Ref. Number	Document Title or Information Source
	Broerson et al, 2015. "Adrenal Insufficiency in Corticosteroids Use: Systematic Review and Meta-Analysis", <i>The Journal of Clinical Endocrinology &amp; Metabolism</i> , Vol 100, Issue 6.

### 5. National Safety and Quality Health Service Standards

Tick the Standard (s) this document relates to (can be more than one).

									
Standard 1 Governance for Safety and Quality in Health Service Organisations	Standard 2 Partnering with Consumers	Standard 3 Preventing & Controlling Healthcare associated infections	Standard 4 Medication Safety	Standard 5 Patient Identification & Procedure Matching	Standard 6 Clinical Handover	Standard 7 Blood and Blood Products	Standard 8 Preventing & Managing Pressure Injuries	Standard 9 Recognising & Responding to Clinical Deterioration	Standard 10 Preventing Falls & Harm from Falls
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### Version control and change history

Version	Date from	Review Date	Amendment
1.0	8/12/2016	8/12/2018	New Guideline

### Document control information

<b>Objective File Number:</b>	Admin use only
<b>Document classification:</b>	Currently not in use
<b>Key Words:</b>	Adrenal, steroid, Addison's disease, management plan, hydrocortisone
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<b>Review Date:</b>	8 December 2018

### Approval authority

Document	Endorse	Approve
Clinical Practice Guideline	Clinical Governance Committee	Executive Leadership Team (Chair)