

Adrenal crisis is a life threatening emergency caused by the adrenal glands inability to produce sufficient cortisol in response to major stress. Adrenal insufficiency occurs when the adrenal glands are unable to produce sufficient mineralocorticoid or glucocorticoid hormones.

Types of Adrenal Insufficiency:

- **1.Primary:** Diseases of the adrenal gland e.g. Addison's Disease, Congenital Adrenal Hyperplasia (CAS), Adrenoleukodystrophy
- **2. Secondary:** Diseases of the pituitary gland (ACTH deficiency) or hypothalamus e.g. Hypopituitarism; Craniopharyngioma/other suprasellar tumours; head injuries
- **3. latrogenic (chronic corticosteroid treatment):** e.g. Crohn's disease, Juvenile arthritis, SLE, Asthma, Nephrotic syndrome, Haemangiomas

An ADRENAL CRISIS can be precipitated by a significant illness, trauma or stress: High fevers, serious infection, diarrhoea, vomiting (possible dehydration), lethargy, pallor, drowsiness, mental confusion, or sustaining a serious injury, e.g. fractures; head injuries; and/or non-compliance with medications. If left untreated, it can be fatal.

Paramedics should not discount a request for hydrocortisone (238) administration from a patient with adrenal insufficiency as signs and symptoms of adrenal crisis may vary from patient to patient.

Treatment:

Patient Care (A2) – Confirm pre-existing diagnosis or Adrenal Insufficiency & presence of worsening symptoms

Administer hydrocortisone (238) if symptomatic

Note Paramedics should administer the patient's prescribed dose if known.

If unknown administer per hydrocorticone pharmacology 238.

If unknown administer per hydrocortisone pharmacology 238. Paramedics are authorised to follow a patient's existing care plan (NSW Ambulance or other) for the management of adrenal crisis if available. This includes transportation to destinations specified in the care plan.

Treat associated conditions per specific protocol

- Hypoglycaemia (M21)
- Medical Hypoperfusion/Hypovolaemia (M25)
- Dehydration (M8)

Transport patient to the ED – Provide a comprehensive IMIST-AMBO clinical handover including the Pt's history of adrenal insufficiency, presenting adrenal crisis and the administration of hydrocortisone

Regularly repeat and document ABCD physical examinations and physiological observations in order to identify trends, clinical deterioration and/or response to treatment

Adrenal Crisis – Signs and Symptoms

- Nausea, vomiting & diarrhoea
- Abdominal pain, weakness
- High fever
- · Lethargy, pallor
- · Rapid heart rate
- Mottled appearance, peripheral shutdown
- Low blood pressure, postural hypotension
- Hypoglycaemia
- Dizziness, mental confusion/loss of consciousness

Note: Any, or all, of the above signs and symptoms may be present



Approved by: Executive Director - Clinical Systems Integration

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