Acute Adrenal Insufficiency - ICP

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.

Guideline

- Universal care and life support
- Treat patient symptomatically
- Dehydration – IV saline 10 mL/kg aliquots (max 250 mL) up to 20 mL/kg
- Hypoglycaemia as per **CPG-038-ICP**
- Nausea and vomiting per **CPG-045-ICP**
- Hyperkalaemia (if suspected per ECG changes) – consult regarding nebulised salbutamol
- If diagnosed:
- follow **existing management plan** if available

or

- **IV/IO/IM hydrocortisone** single dose
  - adults (≥ 16 yr) - 100 mg
  - < 16 yr 4 mg/kg
  - single max 100 mg
- Transport and notify receiving facility:
- Within Metropolitan Adelaide:
  - consider any direction in existing management plan
- Following the administration of hydrocortisone:

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- transport **stable** patients to the geographically closest spine hospital or TQEH

? **Unstable** patients and those **not requiring** hydrocortisone

- transport to closest ED