Addison's Disease
Self Help Group (ADSHG)

Life-threatening Condition
Steroid Dependent Patient

Adrenal Crisis / Acute adrenal insufficiency

Name:

Patient Emergency Information & Treatment Guide

Please give my patient immediate medical attention.

Name:

NHS (or CHI) number: **Date of birth:**

They have **Addison's disease or adrenal insufficiency**.

Without urgent medical treatment, any serious injury or illness may precipitate an adrenal crisis. This can lead rapidly to severe hypotension or life-threatening hypovolaemic shock. If in doubt, or if the patient becomes hypotensive, drowsy or peripherally shut down, please administer an immediate injection of hydrocortisone 100mg and arrange hospital admission.

The treatment my patient requires to prevent hypovolaemic shock is:

- **100mg hydrocortisone[1], intravenous** (preferably) or **intramuscular**
- **An intravenous saline infusion.**

Once this treatment has been administered, my patient will require monitoring until their blood pressure and electrolytes are stable. Thus, s/he may continue to need:

- **50mg hydrocortisone[1] every 6 hours** intravenous or intramuscular **OR** by infusion pump, eg. 200mg per 24 hours or 8.33mg per hour
- **An intravenous saline infusion** (0.9% saline solution or equivalent). Usually, these high doses of hydrocortisone can be weaned to oral maintenance doses of hydrocortisone after 24 - 72 hours, provided the patient's condition is improving.

Please ensure that my patient is stable on oral steroids prior to discharge.

[1] Instructions re hydrocortisone 100mg, please use:

- Hydrocortisone sodium phosphate **OR** hydrocortisone sodium succinate, 100mg.
- Note that hydrocortisone acetate can **NOT** be used due to its slow-release, microcrystalline formulation.
- Please give bolus hydrocortisone over a minimum of 10 minutes to avoid vascular damage.

My patient can supply a MedicAlert or Steroid Card to confirm their adrenal condition.

My patient also has the following conditions, which may require monitoring:

My patient takes the following medication:

My patient is allergic to:

Clinical guidelines developed by the Clinical Advisory Panel for the ADSHG. These guidelines have been endorsed by the Clinical Effectiveness Committee of the College of Emergency Medicine and by the Education Committee of the College of Paramedics.

addisonsdisease.org.uk

Name of GP:

Tel (office hours):

Practice address:

Emergency phone:

If you are unable to contact me to confirm details of my patient's medical history or require further advice on the management of Addison's Disease or adrenal insufficiency, please contact a senior hospital endocrinologist without delay on the Identification and Management of Adrenal Insufficiency.

Scan for NICE guidelines

ADDISON'S Self Help Group

ADDISON'S Clinical Advisory Panel

Notes (e.g. Next of Kin):

Scan for SfE Adrenal Crisis information

Scan for ADSHG surgical guidelines

For further advice please contact:
Email: enquiries@addisons.org.uk
Website: addisonsdisease.org.uk
Registered charity no. 1179825

The Addison's Disease Self-Help Group works to support people with adrenal failure and to promote better medical understanding of this rare condition. The ADSHG is supported and advised by a Clinical Advisory Panel (CAP); a group of medical professionals with an interest in adrenal medicine.

The ADSHG has also issued guidelines for glucocorticoid medication for surgery and dentistry and a patient education leaflet. These are available from the ADSHG at **addisonsdisease.org.uk/publications.**

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ADDISON'S Self Help Group
ADDISON'S Clinical Advisory Panel

It has been endorsed by:

Clinical Effectiveness Committee
College of Emergency Medicine

Education Committee
College of Paramedics.

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