



# Life-threatening condition



## Addisonian Crisis/Coma: Acute Adrenal Insufficiency

### Please give my patient

#### immediate medical attention.

S/he has **Addison's disease** (primary 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 arrange hospital admission.

### The treatment my patient requires to prevent hypovolaemic shock is:

- **100mg hydrocortisone<sup>1</sup>, 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:

- **100mg hydrocortisone<sup>1</sup> every 6 hours** intravenous or intramuscular **OR** by infusion pump, eg. 5 - 10mg/hr
- **An intravenous saline infusion.**

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.

#### <sup>1</sup> 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 Addison's Clinical Advisory Panel for the ADSHG

[www.addisons.org.uk](http://www.addisons.org.uk)

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

**Name of GP:** \_\_\_\_\_

**Office hours phone:** \_\_\_\_\_

**Practice address:** \_\_\_\_\_

**Emergency phone:** \_\_\_\_\_



This guidance has been prepared by the Addison's Clinical Advisory Panel (ACAP): **Professor John Wass** of the Churchill Hospital, Oxford, **Dr Trevor Howlett** of the Leicester Royal Infirmary, **Dr Wiebke Artl** of the University Hospital, Birmingham and **Dr Simon Pearce** of the Royal Victoria Infirmary, Newcastle. ACAP has also issued guidelines for glucocorticoid medication for surgery and dentistry and a patient education leaflet. These are available from the ADSHG at [www.addisons.org.uk/publications](http://www.addisons.org.uk/publications).

The Addison's Disease Self-Help Group works to support people with adrenal failure and to promote better medical understanding of this rare condition. Registered charity, no. 1106791. [www.addisons.org.uk](http://www.addisons.org.uk)