



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 hydrocortisone¹, 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 hydrocortisone¹ 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.

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 Addison's Clinical Advisory Panel for the ADSHG

www.addisons.org.uk

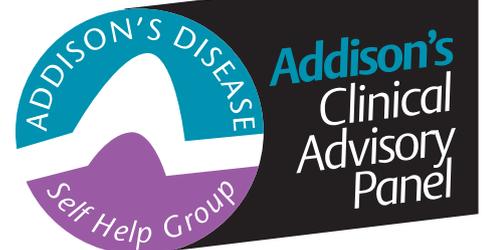
If you are unable to contact me to confirm details of my patient's medical history or require further advice on the management of primary adrenal insufficiency, please contact a senior hospital endocrinologist without delay.

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 Arlt** 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.

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

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