

Acute Adrenal Insufficiency (Adrenal Crisis) - Summary Clinical Guideline

Reference No.: CG-DIABEND/2024/005

Patient presenting with symptoms and/or signs of adrenal insufficiency

Adrenal crisis is a life-threatening endocrine emergency and must be treated immediately.

Request urgent pre-treatment random cortisol and ACTH <u>BUT</u> do not delay treatment to perform tests. Send urgently to lab FAO of duty biochemist within 15-30 minutes (on ice for samples taken at Burton site)

Request other investigations: U&Es, Glucose, FBC, LFT, CRP, VBG + other tests as clinically indicated

Start management of Adrenal crisis

100mg Hydrocortisone IV or IM followed by 50-100mg every 6 hours or 24hr continuous infusion in Glucose 5%.

Resuscitation with 500-1000ml IV fluids (Normal Saline) in the first hours and then replacement of any fluid and/or electrolyte deficit

Rehydration (3-4 litres of sodium chloride 0.9% in 24 hours). Adjust fluids as per patient clinical state. Caution in elderly patients with heart/renal failure

Continued Management

Refer to endocrinology urgently for further advice on diagnosis, starting regular oral steroids or tapering of steroids

Education regarding sick day rules prior to discharge

Before discharge, issue patient with a Steroid Emergency Card to support early recognition and treatment of adrenal crisis.