

## ACUTE ADRENAL INSUFFICIENCY PROTOCOL

### 02/04/2015

Follow Assessment, General Procedures Protocol

- Acute adrenal insufficiency (crisis) can occur in the following settings:
  - During neonatal period (undiagnosed adrenal insufficiency)
  - In patients with known, pre-existing adrenal insufficiency (eg, Addison's disease)
  - In patients who are chronically steroid dependent (ie, taking steroids daily, long-term, for any number of medical conditions)
  - Adrenal crisis can be triggered by any acute stressor (eg, trauma or illness), as well as by abrupt cessation of steroid use (for any reason).
- Signs/symptoms of adrenal crisis: Altered mental status, seizures; generalized weakness, hypotension, hypoglycemia, hyperkalemia.
- Notify hospital you are transporting known/suspected adrenal crisis patient
- Emergency transport for: ALOC, hypotension, hypoglycemia, suspected hyperkalemia.

Acute adrenal crisis is an immediately ***life-threatening*** emergency, and must be treated aggressively

<b>EMR</b>	<ul style="list-style-type: none"> <li>• Take thorough history of patient's steroid use/dependence, PMH</li> <li>• Assess and support ABC's</li> <li>• Oxygen therapy, as needed</li> <li>• Monitor vitals</li> </ul>
<b>EMT</b>	<ul style="list-style-type: none"> <li>• Check blood glucose</li> <li>• If blood glucose is &lt;60: administer glucose solution orally if the patient is awake and able to protect own airway</li> <li>• Obtain 12 lead ECG; if time permitted. – <b>See ECG/12-Lead</b></li> </ul>
<b>A-EMT</b>	<ul style="list-style-type: none"> <li>• If blood glucose &lt; 60 and the patient is unable to protect own airway :           <ul style="list-style-type: none"> <li>• Initiate IV</li> <li>• Dextrose</li> </ul> </li> <li>• Fluid Bolus 500 cc NS (or 20cc/kg for peds); repeat if hypotensive with standard tubing</li> <li>• Do Not Delay Transport</li> </ul>
<b>EMT-I</b>	<ul style="list-style-type: none"> <li>• IO as indicated for patient condition – <b>See EZ-IO/IO Infusion</b></li> <li>• Monitor cardiac rhythm - <b>See ECG/12-Lead</b></li> </ul>
<b>PARAMEDIC</b>	<p>In patients with known/suspected adrenal crisis:</p> <ul style="list-style-type: none"> <li>• Consider Solu-medrol 125 mg IV/IO, after <b>MD Consult</b>.</li> <li>• May administer patient's own steroid medicine if available <b>MD Consult</b></li> </ul> <p>Treat ECG findings of hyperkalemia - <b>See Hyperkalemia Protocol</b>.</p>