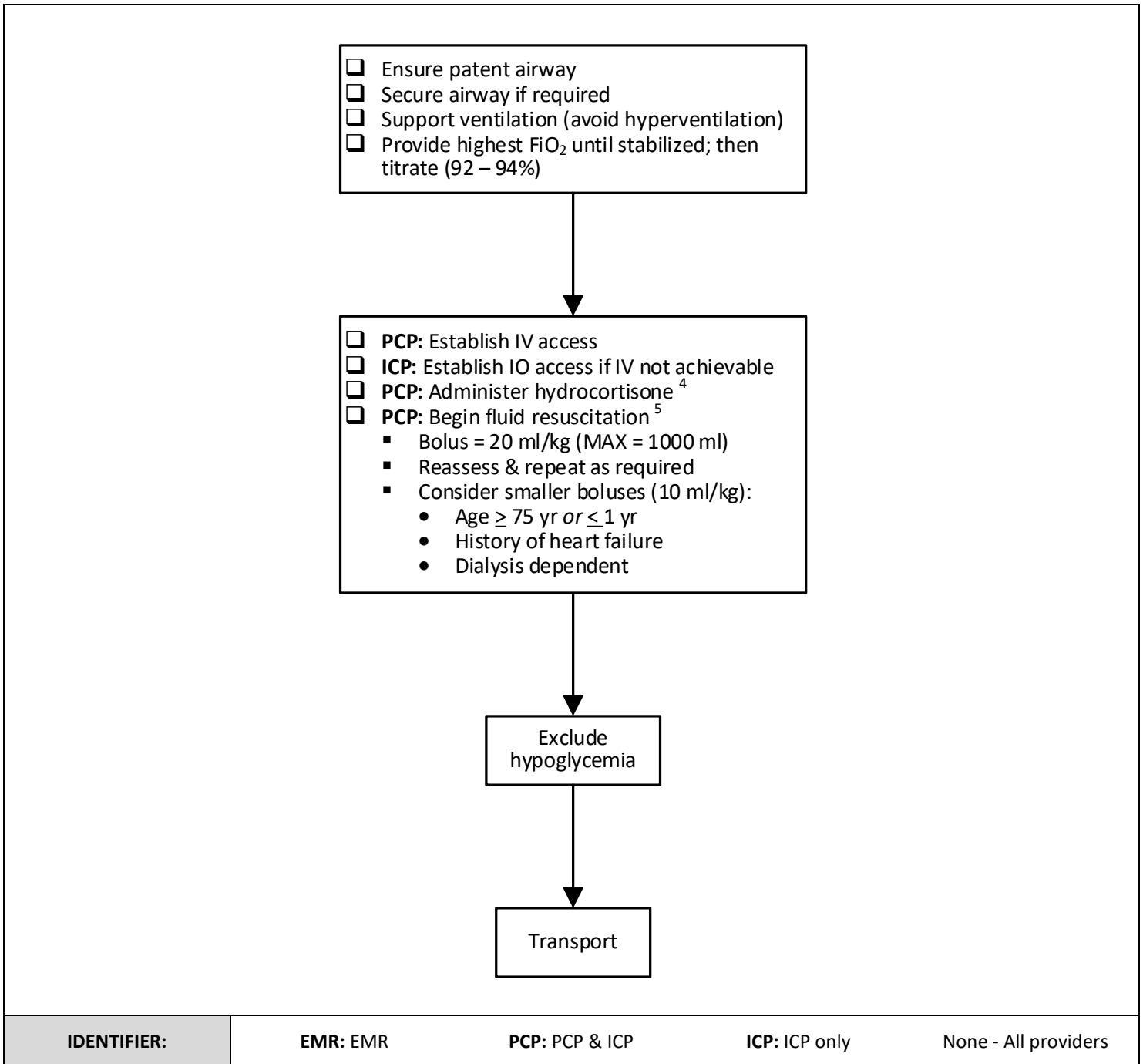
	E05 - ADRENAL CRISIS	
	All ages	RESUSCITATION
Version date: 2023-08-04		Effective Date: 2024-02-13 (0700)



INDICATIONS

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| <ul style="list-style-type: none"> • Suspected acute adrenal insufficiency in a patient with known chronic adrenal insufficiency or abrupt cessation of corticosteroids use |
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CONTRAINDICATIONS

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| <ul style="list-style-type: none"> • None |
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NOTES

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| <ol style="list-style-type: none"> 1. Adrenal crisis refers to acute adrenal insufficiency. It is a life-threatening emergency characterized by shock that requires immediate treatment with large volume fluid and corticosteroid replacement. 2. It may be due to a primary disorder of the adrenal glands (Addison's disease), the pituitary gland (secondary hypoadrenalism), or the hypothalamus (tertiary hypoadrenalism). It is commonly seen in patients who abruptly discontinue chronic use of corticosteroids, such as prednisone. 3. In a patient with known chronic adrenal insufficiency, hypotension or hypoglycemia should be assumed to be due to adrenal crisis. Other symptoms suggesting impending adrenal crisis include: <ul style="list-style-type: none"> • Nausea, vomiting, anorexia • Abdominal pain • Weakness, fatigue • Lethargy, confusion, coma • Fever • Dehydration 4. Administer hydrocortisone by the most expedient route possible (IV, IO, IM).
Patients with known adrenal insufficiency may have their own supply of prepared doses of hydrocortisone for emergencies, and this can be substituted when available. 5. Fluid deficits of several liters are common. |
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LINKS

M13 - HYDROCORTISONE

APPROVED BY

	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X03 for change tracking)

- Identifier legend at bottom of flow chart replaces work scope statement in header
- Hydrocortisone may be given by IM route if vascular access not available