

Adrenal Crisis

Purpose: This protocol is intended for the management of patients with a known history of adrenal insufficiency, experiencing signs of crisis.




Indications:

1. Patient has a known history of adrenal insufficiency or Addison's disease.
2. Presents with signs and symptoms of adrenal crisis including:
 - a. Pallor, headache, weakness, dizziness, nausea and vomiting, hypotension, hypoglycemia, heart failure, decreased mental status, or abdominal pain.

Treatment:

1. Follow **General Pre-hospital Care Protocol**.


Post-Medical Control


-  2. Administer fluid bolus NS.
-  3. Assist with administration of patient's own hydrocortisone sodium succinate (Solu-Cortef)
 - a. Adult: 100 mg IV
 -  b. Pediatric: 1-2 mg/kg IV

OR

- 4. Per MCA Selection, administer Prednisone **OR** Methylprednisolone

Medication Options:

- Prednisone - 50 mg tablet PO (ages 6 and up)
- Methylprednisolone - Adults 125 mg IV or  Pediatrics 2 mg/kg IV

5. For MCA with both selected, Prednisone PO is the preferred medication. Methylprednisolone is secondary and reserved for when a patient can't take a PO medication.
-  6. Transport
7. Notify Medical Control of patient's medical history.
8. Refer to **Altered Mental Status Protocol**.