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Section 1-7

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-Treatment Protocol**.
2. Pediatric patients (≤ 14 years of age) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol.





Contact Medical Control for all adrenal crisis patients prior to treatment:

-  1. Administer fluid bolus **NS** or **LR** IV/IO (refer to **Vascular Access and IV Fluid Therapy-Procedure Protocol**)
 - a. Adults: up to 1 liter.
 -  b. Pediatrics: up to 20 ml/kg
-  2. Assist with administration of patient's own hydrocortisone sodium succinate (Solu-Cortef)
 - a. Adult: 100 mg IV/IM
 -  b. Pediatric: 1-2 mg/kg IV/IM
-  3. If patient does not have their own hydrocortisone, administer **prednisone** tablet 50 mg PO to adults and children > 6 years of age (if available per MCA selection)

Additional Medication Option:

☐ **Prednisone** 50 mg tablet PO
(Adults and Children > 6 y/o)

- a. If **prednisone** is not available, patient is ≤ 6 years of age, or patient is unable to receive medication PO, administer **methylprednisolone** IV/IO/IM:
 - i. Adults: 125 mg
 -  ii. Pediatrics: 2mg/kg (max 125 mg)
-  4. Transport
5. Notify Medical Control of patient's medical history.
6. Refer to Adult or Pediatric **Altered Mental Status-Treatment Protocol**.

Medication Protocols

Methylprednisolone
Prednisone