

Pediatric: ADRENAL CRISIS

EMT

ABC and vital signs

Airway management and appropriate oxygen therapy

EMT STOP

INTERMEDIATE

IV access and bloods drawn

Normal Saline 20 ml/kg bolus IV or IO (1 L max)

INTERMEDIATE STOP

CCT

PARAMEDIC

- Hydrocortisone 2 mg/kg IV or IO (100 mg max dose) if available; **OR**
- Methylprednisolone 2 mg/kg IV or IO (125 mg max dose) **OR**
- Administer the prescribed dose of either Hydrocortisone or Methylprednisolone directed by the patient's health care provider and indicated on the laminated card carried by the patient *if dated within the preceding year.*

CCT / PARAMEDIC STOP

PHYSICIAN OPTIONS

Repeat fluid bolus of 20 ml/kg (1 L max)

Confirm medical history prior to steroid administration

Key Points/Considerations

Adrenal crisis: inability to cope with shock due to lack of appropriate cortisol production

Adrenal crisis can occur from stress from medical or trauma etiologies

Adrenal crisis can present in the following conditions: Congenital Adrenal Hypo/Hyperplasia, Addison's Disease, Adrenal tumors

Patients will be on replacement medications (Hydrocortisone, Fluticortisone, Methylprednisolone) on a daily basis

Rapid steroid administration in patients with these conditions can be lifesaving

Hydrocortisone is preferred medication

Parents and patients are often well versed in their condition and input from the patient/parent may be very valuable

Patient/parent may have dose of Hydrocortisone on site. EMS may help administer patient's own steroid medication based on protocol

This protocol should NOT be used unless patient is CONFIRMED to have one of the above conditions by patient/parent or medic alert bracelet/necklace/card

There is little risk in steroid administration to these patients, but if any question, contact Medical Control

Check blood glucose levels frequently as blood glucose tends to fall rapidly.