**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.