Broward County

2.8.7 Acute Adrenal Insufficiency

GENERAL GUIDELINES	
General Guidelines	**NOTE: Use this protocol for patients confirmed to have Acute Adrenal Insufficiency by either the presence of a medical alert bracelet, designation of medical records or other patient, family or medical confirmation.** • Adrenal insufficiency or Addison's disease is an endocrine disorder that occurs when the adrenal glands do not produce sufficient amounts of cortisol and other glucocorticoid hormones needed to respond to stress and inflammatory reactions. • Early signs and symptoms of patients in crisis include pallor, dizziness, headache, weakness/lethargy, abdominal pain, nausea/vomiting and hypoglycemia.
TREATMENT GUIDELINES	
Supportive Care	• Initial Assessment Protocol 2.1.1. • Determine hemodynamic stability and symptoms.

ALS Level 1	• Administer Oxygen to maintain a saturation of 94% or above.
	• Provide advanced airway management, if necessary (a).
	• Initiate cardiac monitoring
	• Establish IV access
	• Administer a fluid challenge of normal saline 500 cc IV or IO to maintain SBP of ≥90 mmHg, repeat as needed.
	• Check blood glucose level (BGL)
	• Administer steroids
	  ○ Assist with administration of patient's Hydrocortisone Sodium Succinate (Solu-cortef) if present (b) (c).
	  ○ If Solu-cortef not available, administer Methylprednisolone (Solu-medrol) 125 mg slow IVP (if available)
	• If the patient has persistent hypotension start Dopamine 5 – 10 mcg/kg/min (1600 mcg/mL infusion concentration = 15 – 60 gtts/min).
	  ○ Titrate to maintain a minimum systolic BP of 90 mm Hg and maximum BP of 120 mm Hg (maximum dose 20 mcg/kg/min).

ALS Level 2	➢ None
Note	(a) Confirm airway adjunct placement with electronic $EtCO_2$ and waveform on scene, during transport, and during transfer at hospital. (b) The patient or family shall provide the medication, dosage and route information. (c) Typical stress dose of Hydrocortisone Sodium Succinate is 100 mg IV/IM yet may vary per patient.