

Eugene, OR

Lane County

2023

ACUTE ADRENAL INSUFFICIENCY PROTOCOL

02/02/2021

Follow Assessment, General Procedures Protocol

- Acute adrenal insufficiency (crisis) can occur in the following settings:
 - During neonatal period (undiagnosed adrenal insufficiency)
 - In patients with known, pre-existing adrenal insufficiency (e.g., Addison's disease)
 - In patients who are chronically steroid dependent (i.e., taking steroids daily, long-term, for any number of medical conditions)
 - Adrenal crisis can be triggered by any acute stressor (e.g., trauma or illness), as well as by abrupt cessation of steroid use (for any reason).
- Signs/symptoms of adrenal crisis: Altered mental status, seizures; generalized weakness, hypotension, hypoglycemia, hyperkalemia.
- Notify hospital you are transporting known/suspected adrenal crisis patient
- Emergency transport for: ALOC, hypotension, hypoglycemia, suspected hyperkalemia.

Acute adrenal crisis is an immediately **life-threatening** emergency, and must be treated aggressively

EMR	<ul style="list-style-type: none">• PMH, Take thorough history of patient's steroid use/dependence. Determine if the patient is on oral hydrocortisone.• Assess and support ABC's• Oxygen therapy, as needed• Monitor vitals
EMT	<ul style="list-style-type: none">• Check blood glucose• If blood glucose is <60: administer glucose solution orally if the patient is awake and able to protect own airway• Obtain 12 lead ECG; if time permitted. – See CARDIAC-ECG/12-Lead procedure
A-EMT	<ul style="list-style-type: none">• If blood glucose < 60 and the patient is unable to protect own airway :<ul style="list-style-type: none">• Initiate IV• Dextrose• IO as indicated for patient condition – See EZ-IO/IO infusion• Fluid Bolus 500 cc NS (or 20cc/kg for peds); repeat if hypotensive with standard tubing• Do Not Delay Transport
EMT-I	<ul style="list-style-type: none">• Continuous Cardiac Monitoring for ECG Changes - See CARDIAC-ECG/12-Lead procedure
PARAMEDIC	<p>In patients with known/suspected adrenal crisis:</p> <ul style="list-style-type: none">• Consider Methylprednisolone/Solu-medrol, after MD Consult.• May administer patient's own steroid medicine if available MD Consult <p>Treat ECG findings of hyperkalemia - See Hyperkalemia Protocol.</p>