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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 ( $\leq 14$  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  $\leq 6$  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