

## **Emergency management of an Addisonian Crisis (acute adrenal insufficiency)**

### **Immediate management:**

1. 100 mg hydrocortisone IV or IM stat
  - Then 50 mg hydrocortisone IV QDS or 200 mg/24 hours IVI
2. IV 0.9% normal saline infusion
  - Several litres may be required / 24-48 hours
3. Check the blood glucose and treat hypoglycaemia

### **Who might develop an Addisonian Crisis?**

- Patients with Addison's disease (primary adrenal insufficiency)
- Patients with pituitary disease (secondary adrenal insufficiency)
- Patients treated with exogenous steroids
  - (e.g.  $\geq 5$  mg prednisolone daily [or equivalent doses of other steroids] for  $\geq 4$  weeks within the past 3 months, or  $\geq 40$  mg prednisolone daily for  $>1$  week within the past 3 months)

### **What might cause an Addisonian Crisis?**

- Infection
- Vomiting and/or diarrhoea
- Major stress e.g. an accident, an operation

### **What are the features of an Addisonian Crisis?**

- Shock
  - Low blood pressure
- Confusion
  - Reduced level of consciousness
- Abdominal pain (including "acute abdomen")
  - Nausea and vomiting

### **What biochemical abnormalities might there be?**

- Maybe none if caught early
- Low sodium
- High potassium
  - (not in pituitary patients)
- Low glucose

### **What about the patient's other hormone replacement therapy?**

- In the acute emergency setting, patients **only** need IV/IM hydrocortisone and IV 0.9% normal saline
- Please seek urgent endocrine advice for patients on DDAVP
- Please refer ALL patients admitted with an Addisonian crisis to the endocrine team for further advice
- Please report all incidents of Addisonian crisis in a patient with known hypoadrenalism on the Datix system (diabetes & endocrinology)