

Hospital Protocol

Policy

Patients may present identifying themselves as having Addison's disease, adrenal insufficiency, hypopituitarism or being on long term steroid therapy - either by way of their history, wearing a medic alert bracelet or during review of patient's medications.

Procedure

1. Symptoms:

Patients Presenting with

- Vomiting, diarrhea, decreased urine output
- Clinical signs of dehydration
- Heart Rate > 100
- Systolic blood pressure less than 120

2. Action:

Draw CBC, glucose, electrolytes, calcium STAT

- Patient to be seen by physician within 15 minutes
- Physician management:
 - Normal saline (500 cc per hour for the first hour, monitor Fluid status, blood pressure, heart rate)
 - Hydrocortisone (Solu-Cortef) (100 mg IV bolus)
 - Hydrocortisone (Solu-Cortef) (100 mg IV Q8h)

If the patient condition stabilizes, tolerating oral fluids and normal vital signs then discharge with oral glucocorticoids tripled. Patient to contact their endocrinologist or family physician within 48 hours.

3. Mild Cases:

In milder cases, dose can be either doubled or tripled depending on the physician's judgement.