



Congenital Adrenal Hyperplasia Clinic
http://www.cahisus.co.uk

UCLH ADRENAL CENTRE FOR EXCELLENCE

EMERGENCY CARE FOR CONGENITAL ADRENAL HYPERPLASIA

Please also read our Ambulance leaflet

PATIENT NAME

PATIENT HOME

ADDRESS

POST CODE

DATE OF BIRTH

HOSPITAL NUMBER

TO WHOM IT MAY CONCERN:

The above patient has a rare genetic disorder congenital adrenal hyperplasia and is under the care of our team at UCLH. Please contact the ACE Endocrinology team (24 hour cover) **AS SOON AS POSSIBLE** on **0845 155 5000** and ask to be put through to the Paediatric Registrar on call.

He/she must be seen by a medical physician IMMEDIATELY. Time in a waiting room or triage situation is INAPPROPRIATE.

The patient is on replacement steroids and is at risk of a life threatening adrenal crisis if not treated quickly. A crisis will occur when there is an electrolyte imbalance with febrile illness, fluid depletion from vomiting and diarrhoea, burns, serious illness and injury. Signs of an impending crisis can include, weakness, dizziness, floppiness, failure to respond, nausea and vomiting, hypotension, hypoglycaemia, pallor, and clammy sweating.

1. INSERT IV CANNULA

2. URGENT BLOOD TESTS REQUIRED

- Basic metabolic panel including: - urea and electrolytes, glucose and calcium.
- Cortisol and 17OHP to get idea of current status.
- Check capillary blood glucose level (BM Stix) and perform any other appropriate tests (e.g. urine culture)

3. TREATMENT

STAT: Solu-cortef injection IV or IM, if NOT already given by the parent or paramedic

Doses are as follows:-

Age range (years)	Dose (mg)
0 – 1	25
1 – 5	50
Over 5	100

4. IV FLUIDS:

1. Commence IV fluids Infusion of 0.45% sodium chloride, 5% glucose at maintenance rate (extra if patient is dehydrated). Add potassium depending on electrolyte balance.
2. Commence hydrocortisone infusion in 50 ml 0.9% sodium chloride via syringe pump.
3. Monitor for at least twelve hours before discharge.
4. **IMPORTANT** If blood glucose is <2.5 mmol/l give bolus of 2ml/kg of 10% glucose.
5. If patient is drowsy, hypotensive and peripherally shut down with poor capillary return give:- 20ml/kg of 0.9% sodium chloride stat.

IF IN ANY DOUBT ABOUT THIS PATIENT'S MANAGEMENT, PLEASE CONTACT 0845 155 5000 AND ASK TO BE PUT THROUGH TO THE PAEDIATRIC ENDOCRINE REGISTRAR ON CALL

Consultant Paediatric Endocrinologists: Professor Peter Hindmarsh, Professor Mehul Dattani, Dr Caroline Brain, Dr Helen Spoudeas, Dr Catherine Peters

Department of Paediatric Endocrinology – Adrenal Clinic



University College Hospital

National Hospital for Neurology and Neurosurgery

Eastman Dental Hospital

Royal National Throat, Nose and Ear Hospital

Heart Hospital

Royal London Hospital for Integrated Medicine