## CONGENITAL ADRENAL HYPERPLASIA Congenital Adrenal Hyperplasia http://www.cahisus.co.uk **UNWELL** Professor Peter Hindmarsh **PATIENT IS PATIENT** YES NO **CONSCIOUS? GIVE INTRAMUSCULAR** IF **HYDROCORTISONE VOMITING** INJECTION THEN **CALL AMBULANCE ADVISING AMBULANCE PATIENT HAS ADRENAL INSUFFICIENCY** NO YES WHEN WAS Advice for going to A&E LAST DOSE TAKEN 1. Tell A &E staff that emergency hydrocortisone has already been administered. 2. Explain child has adrenal insufficiency. 2 - 4 **LESS THAN HOURS** 2 HOURS 3. Get the following measured:-**AGO AGO** 1) Urea and electrolytes. 2) Blood glucose concentration. 3) Blood Pressure. 4. Should any of these levels be **ADVICE ADVICE** abnormal admit for glucose, DOUBLE/TRIPLE **KEEPS** REPEAT DOUBLE electrolyte and blood pressure **DOSES HYDROCORTISONE HYDROCORTISONE** monitorina. **DOWN DOSE FOR NEXT 48** DOSE 5. Close monitoring for 6 hours. HOURS 6. Give double dose 4 hours • GIVE EXTRA DOSE AT after injection. **4AM WHICH IS** DOUBLE/TRIPLE THE **DOES NOT** 7. Recommend an extra dose at MORNING DOSE **KEEP DOSE** 4am which is double/triple the ENCOURAGE SUGARY **DOWN** morning dose. **DRINKS INTRAMUSCULAR GIVE INTRAMUSCULAR** HYDROCORTISONE DOSES **HYDROCORTISONE INJECTION THEN** FOR EMERGENCY USE CALL AMBULANCE Age range (years) Dose (mg) **ADVISING AMBULANCE PATIENT HAS ADRENAL** 0 - 125 **INSUFFICIENCY** 50 1 - 5over 5 100

Professor Peter Hindmarsh Professor of Paediatric Endocrinology Divisional Clinical Director for Paediatrics and Adolescents at UCLH

http://www.cahisus.co.uk