

Professor Peter Hindmarsh **UNWELL PATIENT IS PATIENT** YES NO **CONSCIOUS? GIVE INTRAMUSCULAR** IS PATIENT **HYDROCORTISONE VOMITING?** INJECTION THEN **CALL AMBULANCE ADVISING AMBULANCE** PATIENT HAS ADRENAL NO **INSUFFICIENCY** YES WHEN WAS LAST DOSE TAKEN? 2 - 4 **LESS THAN HOURS** 2 HOURS **AGO AGO ADVICE ADVICE** DOUBLE/TRIPLE **KEEPS** REPEAT DOUBLE **HYDROCORTISONE DOSES HYDROCORTISONE DOSE FOR NEXT 48 DOWN** DOSE HOURS. monitoring. • GIVE EXTRA DOSE AT **4AM WHICH IS** DOUBLE/TRIPLE THE **DOES NOT** after injection. MORNING DOSE. **KEEP DOSE** ENCOURAGE SUGARY **DOWN** DRINKS. **INTRAMUSCULAR GIVE INTRAMUSCULAR HYDROCORTISONE DOSES HYDROCORTISONE INJECTION THEN** FOR EMERGENCY USE **CALL AMBULANCE** Age range (years) Dose (mg) **ADVISING AMBULANCE** PATIENT HAS ADRENAL

Advice for going to A&E

- 1. Tell A &E staff that emergency hydrocortisone has already been administered.
- 2. Explain child has adrenal insufficiency.
- 3. Get the following measured:-
 - 1) Urea and electrolytes.
 - 2) Blood glucose concentration.
 - 3) Blood Pressure.
- 4. Should any of these levels be abnormal admit for glucose, electrolyte and blood pressure
- 5. Close monitoring for 6 hours.
- 6. Give double dose 4 hours
- 7. Recommend an extra dose at 4am which is double/triple the morning dose.

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

1 - 5

over 5

25

50 100

http://www.cahisus.co.uk

INSUFFICIENCY