ADRENAL INSUFFICIENCY UNITED

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Adrenal Insufficiency United (AIU)
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ADRENAL CRISIS GUIDE - LIFE-THREATENING EMERGENCY

ADULT PROTOCOL

Patients with adrenal insufficiency must be evaluated & treated IMMEDIATELY by a provider upon arrival, regardless of location in the department • Delay is potentially fatal.

This patient cannot produce the cortisol needed to survive a medical emergency. Treat immediately with IV or IM glucocorticoid.

IMMEDIATE STEPS

1. Check Blood Glucose.
Treat if less than 70 mg/dl. Reversing hypoglycemia alone does not reverse the crisis.

2. Give Steroid without Delay.
Do not hold IM steroid waiting for IV access. See steroid selection

3. Patient Emergency Kit
Use only if department steroids are not immediately available. Administer or assist with the patient's own emergency injection.

4. Start IV Isotonic Saline
Per local protocol (0.9% NS)

5. Draw Labs Only if it Does Not Delay Treatment
If AI diagnosis established, blood draw not required.
If uncertain: draw ACTH + cortisol before glucocorticoids - do not wait for results to treat.

EMERGENCY STEROID SELECTION

1st **Hydrocortisone (Solu-Cortef)** - Preferred
100 mg IV bolus (over 3--5 min) or IM
Has both glucocorticoid and mineralocorticoid effect.

2nd **Methylprednisolone (Solu-Medrol)**
125 mg IV or IM
Use if hydrocortisone is unavailable.

3rd **Dexamethasone (Decadron)**
4 mg IV or IM
⚠ *Only if hydrocortisone and methylprednisolone are unavailable. No mineralocorticoid effect - does not fully cover primary adrenal insufficiency.*

THIS CRISIS CAN LOOK ATYPICAL TREAT ANYWAY

⚠ **BP may be LOW or HIGH**
Do not rule out crisis because BP is elevated.

⚠ **Not all symptoms will be present**
Do not require a complete picture before treating.

⚠ **Shock not responding to fluids or vasopressors?**
Consider adrenal crisis - add steroids.

SIGNS AND SYMPTOMS OF ADRENAL CRISIS

EARLY SYMPTOMS

- Headache
- Fatigue / extreme weakness
- Nausea/vomiting
- Dizziness/syncope
- Abdominal, back, or leg pain
- Muscle/body aches
- Fever
- Pallor/clammy skin

CRISIS SIGNS

- Hypoglycemia
- Tachycardia
- Hypotension/shock
- Dehydration
- Altered mental status/confusion
- Loss of consciousness
- Cardiovascular collapse
- Seizure

⚠ Lab findings commonly present:
Hyponatremia, hyperkalemia -assess & address.

ONGOING TREATMENT -AFTER INITIAL DOSE

✓ **Hydrocortisone 200 mg / 24h** — continuous IV infusion, or 50 mg IV/IM/SC every 6–8h until oral tolerated.
✓ **Continue IV isotonic saline** per local protocol (2–3 L/day).
✓ **Add 10% dextrose** if glucose <70 mg/dl
⚠ *Reversing hypoglycemia alone does not reverse the crisis. Continue steroid treatment.*

Developed by Adrenal Insufficiency United (AIU) • aiunited.org
Based on AIU's Sample Emergency Protocol and Current Clinical Guidelines.

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