

## **Adrenal Crisis**

**Purpose:** This protocol is intended for the management of patients with a known history of adrenal insufficiency, experiencing signs of crisis.




### **Indications:**

1. Patient has a known history of adrenal insufficiency or Addison's disease.
2. Presents with signs and symptoms of adrenal crisis including:
  - a. Pallor, headache, weakness, dizziness, nausea and vomiting, hypotension, hypoglycemia, heart failure, decreased mental status, or abdominal pain.


### **Treatment:**


1. Follow **General Pre-hospital Care Protocol**.

### **Post-Medical Control**

-  2. Administer fluid bolus NS.
  -  3. Assist with administration of patient's own hydrocortisone sodium succinate (Solu-Cortef)
    - a. Adult: 100 mg IV
    -  b. Pediatric: 1-2 mg/kg IV
- OR**
4. Per MCA Selection, administer Prednisone **OR** Methylprednisolone

#### **Medication Options:**

- Prednisone - 50 mg tablet PO (ages 6 and up)
- Methylprednisolone - Adults 125 mg IV or  Pediatrics 2 mg/kg IV

5. For MCA with both selected, Prednisone PO is the preferred medication. Methylprednisolone is secondary and reserved for when a patient can't take a PO medication.
-  6. Transport
7. Notify Medical Control of patient's medical history.
8. Refer to **Altered Mental Status Protocol**.