

Children who rely on daily oral hydrocortisone replacement often need additional oral hydrocortisone to mimic the body's natural stress response. Stress-dose hydrocortisone may be needed in emergencies or before surgery and must be given intramuscularly (IM), subcutaneously (SC), or intravenously (IV) if vomiting or diarrhea is present to prevent death from adrenal crisis. Causes and symptoms of a potential adrenal crisis can vary among people; **please consult the endocrinologist for specific recommendations for your care and go to the emergency room if crisis symptoms are evident.**

FOR CHILDREN - Adrenal Insufficiency Patient Guide to Management of Illness and Stress-Related Medical Events

	Event	Sub-Event	Dosage Recommendation*
Home Self-management	Illness with fever	Fever >101°F	Triple maintenance dose, divided every 6 hours.
	Dental work	Consult your endocrinologist	
	Unable to tolerate oral medications due to illness or trauma		Hydrocortisone 100 mg IM or SC and consider ER; see NADF Guide to Adrenal Crisis Care Medication for Children Information
	Minor to moderate surgery stress	Consult your endocrinologist	
Healthcare Practitioner Administered	Dental work	General anesthesia	Consult your endocrinologist
	Unable to tolerate oral medications due to illness or trauma	With dehydration or inability/unwillingness to self-inject IM or SC	Hydrocortisone 100 mg IV
	Major surgery stress (hospitalized)		see NADF Guide to Adrenal Crisis Care Medication for Children Information
Other	Cardiac stress test or angiogram	Consult your endocrinologist	
	Colonoscopy		
	Chemotherapy		

*Anytime higher than normal amounts of hydrocortisone are given, a slow taper of hydrocortisone down to your routine dosage is important. Consult your endocrinologist for instructions.

Disclaimer: NADF does not engage in the practice of medicine, is not a medical authority, and does not claim medical knowledge. In all cases, NADF recommends that you consult your own physician regarding any course of treatment or medication.