

THE NATIONAL ADRENAL DISEASES FOUNDATION, INC.

505 Northern Boulevard • Suite 200
Great Neck, New York 11021
(516) 487-4992 • www.nadf.us

Dear Emergency Personnel,

You are receiving this letter because a person in your area of service lives with Addison's disease or adrenal insufficiency. While you are likely familiar with Addison's disease, we feel that it is helpful for Emergency Room staff to have information on how to treat a person with this rare disorder close at hand when they present in the E.R. Therefore, we are providing the enclosed sheet on "How To Treat An Addisonian In An Emergency Situation" as prepared by the National Adrenal Diseases Foundation (NADF) and its medical advisors. We hope that you will share this information with all of your staff.

It is very important that the endocrinologist listed by the patient on the emergency sheet be contacted immediately for specific instructions. It is also extremely important that the emergency procedures listed on the sheet attached be followed, especially in the cases of blood loss, fluid loss, infection and severe diarrhea. Delay in providing appropriate care to these patients can further complicate their situation by allowing them to slip closer to or further into an Addisonian crisis.

For further information regarding Addison's disease or any other adrenal disease, please contact the National Adrenal Diseases Foundation using the contact information listed on this letterhead. For further information regarding the person in your area living with adrenal insufficiency or their needs, please use the information they have provided on the enclosed sheet.

Thank you for your help in educating your emergency personnel.

Sincerely,

Melanie Wong
Executive Director
NADF

Paul Margulies, MD
Medical Director
NADF

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ATTENTION! IMPORTANT EMERGENCY INFORMATION PROVIDED ON THIS SHEET

The person carrying or referred to on this emergency information sheet suffers from Addison's disease or adrenal insufficiency. Appropriate care of such a person in a medical emergency is critical to their survival, as their body does not produce the stress hormone cortisol. This sheet and the educational information below is provided as a service by the National Adrenal Diseases Foundation and is edited for content by board certified medical endocrinologist, Paul Margulies.

WHAT IS ADDISON'S DISEASE?

Addison's disease is a severe or total deficiency of the hormones made in the adrenal cortex, caused by its destruction. Classical Addison's disease results from a loss of both cortisol and aldosterone secretion due to the near total or total destruction of both adrenal glands. This condition is also called primary adrenal insufficiency. If ACTH is deficient, there will not be enough cortisol produced, although aldosterone may remain adequate. This is secondary adrenal insufficiency, which is distinctly different, but similar to Addison's disease, since both include a loss of cortisol secretion.

Symptoms of an ADDISONIAN CRISIS or UNDIAGNOSED ADDISON'S DISEASE (Revised 2004)

Symptoms may include:

- low blood pressure (possibly with accompanying black outs)
- severe fatigue
- nausea
- vomiting
- diarrhea
- stomach pain
- extreme weight loss or appearance of anorexia
- unexplained fever
- salt craving
- darkened skin (especially mucous membranes and pressure points)
- confusion

For more information, contact:

National Adrenal Diseases Foundation, 505 Northern Blvd., Great Neck, NY 11021
Phone: (516) 487-4992 E-mail: nadfmail@aol.com Website: www.nadf.us

**FOR EMERGENCIES/EXTREME STRESS SITUATIONS
(TO AVOID OR CORRECT ADDISONIAN CRISIS)**

Conditions which must be treated immediately:

- severe injury of any type
- blood loss
- fluid and/or electrolyte loss
- infection
- severe vomiting
- diarrhea.

Treatment protocol prior to Emergency Room arrival:

- Give Hydrocortisone 100 mg. IM (intramuscularly) in buttock or upper thigh.
- Patient then should be immediately admitted to the nearest Emergency Room, where adrenal crisis treatment should begin promptly.
- If transportation to emergency medical facility is impossible, treat patient on site as listed below.

Protocol for treatment of adrenal crisis in emergency room:

- 1.) I.V. hydrocortisone.
- 2.) Administer I.V. isotonic saline.
- 3.) Continue I.V. hydrocortisone until oral medication is tolerated.

For further details, call Dr. _____
Specialty: _____
Office Phone: _____
Emergency Pager or Exchange #: _____
Address _____
City _____ State _____ Zip _____

Patient Name _____ Home Phone: _____
Address _____
City _____ State _____ Zip _____

MEDICAL CONDITIONS	MEDICATION	DOSAGES

Emergency contact #1: _____ Relationship to patient: _____
Home phone: _____ Work: _____ Cell: _____
Emergency contact #2: _____ Relationship to patient: _____
Home phone: _____ Work: _____ Cell: _____