Adrenal Crisis Alert

**EMERGENCY ROOM TREATMENT PROTOCOL**

For treatment of adrenal crisis:
- Initiate treatment immediately.
  1. Start IV using isotonic saline solution.
  2. During IV start, draw blood sample for lab.
  3. Administer hydrocortisone 100 mg IV immediately.
  4. Continue hydrocortisone 100 mg IV every 6–8 hours or as needed, until oral medication is tolerated.
  5. In emergencies or before surgery: hydrocortisone must be given intravenously especially if fever, vomiting or diarrhea is present.

**ADDISON’S DISEASE DIAGNOSIS DURING AN EMERGENCY**

Measurement of blood ACTH and cortisol during the crisis, **BEFORE GLUCOCORTICOIDS ARE GIVEN**, is enough to make a preliminary diagnosis.

Low serum sodium and glucose, and high potassium are also usually present at the time of an adrenal crisis. Once the crisis is controlled, an ACTH (cosyntropin) stimulation test can be performed to obtain specific diagnosis.

Do not delay treatment while waiting for laboratory confirmation.

**Signs & Symptoms:**

**Acute Adrenal Failure**
- Orthostatic Hypotension
- Severe vomiting/diarrhea
- Severe dehydration
- Sudden penetrating pain in lower back, abdomen or legs
- Loss of consciousness

**Chronic Symptoms & Signs of Addison’s Disease**
- Hyperpigmentation of exposed and non-exposed parts of the body
- Extreme weakness
- Salt craving
- Unintentional weight loss
- Loss of appetite
- Chronic diarrhea
- Nausea/vomiting

Provided with compliments by: The National Adrenal Diseases Foundation, a non-profit organization providing information, education and support to all persons affected by adrenal disease.

Additional Resources:
- https://tinyurl.com/endocrine-guidelines-PAI
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6297573/