

Patients 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 your endocrinologist for specific recommendations for your care and go to the nearest emergency department if crisis symptoms are evident.**

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

	Event	Sub-Event	Dosage Recommendation*
<b>Home Self-management</b>	Illness with fever	Fever >100.4-102°F	Double hydrocortisone replacement dose until recovery (~2-3 days)
		Fever >102.2°F	Triple hydrocortisone replacement dose until recovery (~2-3 days)
	Circumstantial increased physical and/or emotional stress	Unusual work-related stress or increased hours, travel, overexertion, intensive exercise, positive or negative emotional stress	Dependent on individual and circumstance, but typically requires extra dose of 5-10 mg based on symptoms; proactively consult with endocrinologist at routine visit
	Dental work	Any	Extra hydrocortisone 10-20 mg can be given a few hours later depending on pain level from procedure
		Local anesthesia	Extra hydrocortisone 20 mg before procedure
	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 Information
	Minor to moderate surgery stress		Hydrocortisone 25-75 mg per 24 hours in addition to maintenance dose (~1-2 days)
<b>Healthcare Practitioner Administered</b>	Dental work	General anesthesia	Extra hydrocortisone 50 mg IV before anesthesia
	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)		Hydrocortisone 100 mg IV and continuous infusion 200 mg/24 hours (or 50 mg IM or SC every 6 hours)
<b>Other</b>	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.