Adrenal Insufficiency Sick Day Plan

What are the signs of adrenal crisis? Signs to watch for include: headache, weakness, loss of appetite, nausea, vomiting, restless, decreased amount of urine, sleepy, confused, very pale, hard to wake up, sweaty, dry lips. Parents who have experienced this often say their child "looked bad." Sometimes this may happen even though stress dosing has been done. When your child is sick, always be prepared to give the emergency injection of Solucortef. If your child receives the emergency injection, contact your physician, or call 911 if your child is not waking up.

The need for extra fluids, sugar and salt: Children with adrenal insufficiency are at special risk for dehydration when they have fever, vomiting, or diarrhea. It is very important to take in enough fluids. Juices, popsicles, and sports drinks such as Gatorade are good choices.

Stress Dosing:
If your child is sick, injured or having surgery, he/she must receive extra steroid, which is called a "stress dose".

Your child will need a stress dose when they have ***any*** of the following:
1. A fever above 101 degrees F
2. An illness such as strep throat, ear infection or bronchitis
3. A serious injury such as a broken bone
4. Vomiting and/or diarrhea
5. Extreme physical activity such as running a marathon or hiking 50 miles
6. Surgery
7. Is very weak or cannot respond/is unconscious

How to Stress Dose

Situation	No	By mouth	Shot	Comments
Fever over 101∞F		♦		Triple each dose until your child has been fever free for 24 hours.
Any surgery requiring general anesthesia or deep sedation, including dental surgery		♦		Obtain guidelines for how to stress dose for surgery from your endocrinologist
Extreme physical activity		♦		Triple each dose until 24 hours after activity is completed.
Colds (upper respiratory infection), no fever	♦			
Vaccinations or immunizations	♦			If fever develops, stress dose as above
Dental work such as cleaning, and fillings	♦			
Minor bruises, abrasions	♦			

Emotional stress such as taking final exams	♦			
Vomiting		♦		Triple each dose until your child has not vomited for 24 hours. If your child vomits within one hour of taking steroid medication by mouth, the dose should be given again. (see below)
			♦	If vomits more than twice, or is unable to keep medication down, give Solucortef shot in a muscle and contact your health care provider.
Diarrhea		♦		Triple each dose until 24 hours after diarrhea stops.
			♦	If more than 3 times in one hour, give Solucortef shot in a muscle and contact your health care provider.
Serious traumatic injury			♦	Give Solucortef shot and call 911
Is very weak or cannot respond/is unconscious			♦	Give Solucortef shot and call 911

Your Child's by mouth STRESS dose is:
1. Hydrocortisone tablets (Cortef) is double or triple his/her maintenance dose for 24 -48 hours or until your child is fever free for 24 hours.

Your Child's Solucortef shot STRESS dose is:
      Emergency injection guide:
      0-2 yrs.   25 mg
      3-9 yrs.   50 mg
      Over 10 yrs.   100 mg
If injection is needed, please give, and notify your healthcare provide

Check the expiration date on the emergency vial of Solucortef in the spring and the fall when you change your clocks.
The vial is good until the expiration date if it has not been mixed. Once it is mixed, it is good for 72 hours. Store unused, unopened vials at room temperature, (not in the glove compartment of your car where it can freeze or get too warm.)

EMERGENCY DEPARTMENT RECOMMENDATIONS

This patient is **ADRENAL INSUFFICIENT**. If this patient has continued vomiting, feels weak and/or is unable to respond normally, he/she may be in adrenal crisis. Monitor blood pressure and hydration status, send stat BMP, and provide fluids/glucose as needed.

Hydrocortisone IV/IM should be given immediately:

0-2yrs: 25mg

3-9 yrs.: 50mg

>10 yrs: 100mg

Cortisol dependent children CAN DETERIORATE QUICKLY. If there are any questions regarding management, please contact the Division of Pediatric Endocrinology at WMed Health: 269-337-6430. Please ask for the Endocrinologist on call.