IMPORTANT
Instructions for Hospital Doctor

This child/young person has a diagnosis of Adrenal Insufficiency due to

On admission please inform

On call team
Paediatrics / Paediatric Endocrinology

Telephone/bleep:
Consultant names:
PA phone numbers:

• Give IV or IM HYDROCORTISONE
  Age <1 year: Hydrocortisone 25 mg
  Age 1-5 years: Hydrocortisone 50 mg
  Age > 6 years: Hydrocortisone 100 mg

• Check blood glucose (give 2ml/kg 10% dextrose bolus if glucose < 2.6 mmol/L).

• Take blood for electrolytes (U&Es) and other appropriate tests, e.g. blood culture.

• Start IV infusion of 0.9% saline 5% dextrose at maintenance rates (extra if dehydrated).

• If circulation is compromised, give bolus of 20 mg/kg 0.9% saline.

• Give another bolus IV hydrocortisone (same dose) after 6 hours, unless patient improves and tolerates oral fluids.

Admit patient if IV/IM Hydrocortisone given

ON ADMISSION PLEASE INFORM

If the patient is brought to hospital as an emergency, take prompt action as below:

The patient is receiving CORTISOL REPLACEMENT

STEROID TREATMENT MUST NOT BE STOPPED

• If the patient tolerates oral fluids, swap IV hydrocortisone to DOUBLE dose oral Hydrocortisone (given as 4 doses/day).

• Review the patient before discharge from the hospital.

• Once patient is better, advise patient to reduce hydrocortisone to usual dose after 2 days.

• If the patient also takes DDAVP (desmopressin), keep careful fluid balance, monitor electrolytes and consider dose alteration. Seek specialist advice.

The BSPED steroid card has information on the Emergency management of Paediatric Adrenal Insufficiency. The BSPED is not responsible for individual patient care.
<table>
<thead>
<tr>
<th>Time</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sick Day Rules**

**Medication**

**Preparation (Tablet/Granules/Liquid) + Strength**

Give IV or IM Hydrocortisone

- Age < 1 year: Hydrocortisone 25 mg
- Age 1-5 years: Hydrocortisone 50 mg
- Age > 6 years: Hydrocortisone 100 mg

**Emergency dose of Hydrocortisone injections**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Time</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Anaesthesia + Surgery: Important Information**

- If your child needs a general anaesthetic or surgery, speak to the doctor about the need for IV HYDROCORTISONE for the procedure.
- If your child is unwell:
  - Call 999 stating your child is having an adrenal crisis.
  - Age ≥ 6 years: 100 mg
  - Age 1-5 years: 50 mg
  - Age ≤ 1 year: 25 mg

- Give the evening dose late and the morning dose early in the morning.
- Give equal divided dose if 6-hour intervals.
- Double usual total daily hydrocortisone dose if involved in major trauma.
- If the patient is unable to take tablets or liquids by mouth:
  - If also taking fludrocortisone, the dose of fludrocortisone should remain the same.
  - If the patient is unable to take tablets or fludrocortisone, the dose of hydrocortisone should remain the same.
  - Steroid card designed by BSPED November 2020.

- If the patient feels drowsy:
  - Double usual total daily hydrocortisone dose in 4 doses and give the total doubled dose in 6-hour intervals.
  - If unable to take tablets or fluids by mouth (e.g., due to continued vomiting):
    - Age < 1 year: 25 mg
    - Age 1-5 years: 50 mg
    - Age > 6 years: 100 mg

- If your child is unwell:
  - In the event of a mild/moderate illness, double usual total daily hydrocortisone dose in 4 doses and give the total doubled dose in 6-hour intervals.
  - Check that you have a supply of IM Hydrocortisone injection (including needle + syringe).
  - Check medication is in date.

**Take Hydrocortisone + other medications regularly to reduce risk of adrenal crisis.**

**If your child is unwell:**

- Show this to the doctor or nurse.
- Please bring this card with you.