

Management of Adrenal Crisis

100 mg Hydrocortisone per i.v. or i.m. injection, followed by 200mg Hydrocortisone/24h continuous iv infusion in Glucose 5%/24h , or 50mg every 6 hours* i.v. or i.m.
Close monitoring environment

Resuscitation with 500ml fluid bolus of sodium chloride 0.9% over 15 minutes and then replacement of any fluid and/or electrolytes deficits.

Rehydration (3-4 litres of sodium chloride 0.9% solution in 24 hours (initially 1litre/h), drinking ad libitum)

Continued Management

Refer to endocrinology for further advice on diagnosis, starting regular oral steroids or tapering steroids, education regarding Sick Day Rules prior to discharge.
More detailed information can be found at <http://www.endocrinology.org/adrenal-crisis>