

## Medication

Write down the medications that you take on a regular basis.

Medication Name	Dose	Time(s) taken

## Where is medication kept?

Write down where you normally keep your medication:

### GP details

Doctor.....  
Surgery .....

..... Postcode .....

Telephone.....  
Notes .....

### Hospital details

Endocrinologist.....  
Hospital.....

..... Postcode .....

Telephone.....  
Hospital No.....  
Endo Nurse.....  
Telephone.....

### Emergency contact

Name.....  
Address.....

..... Postcode .....

Telephone.....  
2nd Phone.....  
Relationship.....

**Life-dependent  
emergency medical  
information  
for adrenal insufficiency and  
AVP Deficiency  
(previously diabetes insipidus)**

### Personal details

Name.....  
Address.....

..... Postcode .....

Date of birth.....  
Phone number.....  
NHS Number.....  
**Pituitary condition**.....

Allergies.....

## Adrenal Crisis - Instructions for emergency medical teams

Anyone taking hydrocortisone replacement to replicate physiological levels of cortisol might require the administration of injectable hydrocortisone in situations where stress or trauma has occurred.

### I take hydrocortisone or prednisolone for secondary adrenal insufficiency

This patient is physically dependent on daily steroid therapy as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.

#### Emergency treatment of adrenal crisis

- 1) Immediate 100mg Hydrocortisone i.v. or i.m. injection. Followed by 24 hr continuous i/v/ infusion of 200mg Hydrocortisone in Glucose 5% OR 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese).
- 2) Rapid rehydration with Sodium Chloride 0.9%.
- 3) Liaise with endocrinology team.

Scan here for further information or visit:  
[endocrinology.org/adrenal-crisis/](https://endocrinology.org/adrenal-crisis/)



## AVP Deficiency- Instructions for emergency medical teams

AVP-Deficiency (previously diabetes insipidus) is a rare condition of the pituitary gland characterised by an inability to produce antidiuretic hormone (ADH). This results in the production of large amounts of urine and in turn, a greatly increased thirst. **The condition requires desmopressin medication to manage it effectively.**

### I take desmopressin (DDAVP) for Arginine Vasopressin Deficiency (previously diabetes insipidus)

Without desmopressin, the condition will cause patients to become dangerously dehydrated and in extreme situations this can be fatal.

Patients with AVP-D must have:

- Their sodium and fluid balance monitored
- Their desmopressin (DDAVP) prescribed and administered correctly (preparation, dose, timing)
- Free access to drinking water

**AVP-Deficiency has no connection to diabetes mellitus.**

Scan here for further information or visit:  
[endocrinology.org/diabetes-insipidus](https://endocrinology.org/diabetes-insipidus)



## Emergency medication

Write down what medication the patient has been given, the dose, and time it was taken.

Medication Name	Dose	Time(s) taken