

ADRENAL CRISIS

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

Instructions For **AMBULANCE** and **A&E CLINICIANS**

I take **HYDROCORTISONE** or **PREDNISOLONE**
for **SECONDARY ADRENAL INSUFFICIENCY**

If I am in severe shock, trauma, have vomited, or I have been in an accident, I will urgently need to have either a **100mg intramuscular injection of hydrocortisone** OR **100mg IV hydrocortisone**. Please check my blood pressure, U&E's, glucose and other relevant tests.

For DI patients: **Please do not give me DDAVP for my diabetes insipidus** - but replace my fluids IV until I am stable, and my sodium has been tested.

If you (the treating clinician) have any queries about emergency hydrocortisone and/or pituitary-related illness, **please contact the endocrinologist on call without delay.**

If I am not treated urgently my life could be in danger

This patient may have adrenal deficiency - please see medication details overleaf. If taking steroid replacement, the patient will require increased steroid doses to cover intercurrent illness or planned surgery and prevent onset of hypoadrenal crisis.

Surgery normally requires parenteral steroid cover - contact www.pituitary.org.uk for advice.

If in doubt, or if the patient fails to respond and remains or becomes hypotensive, drowsy or peripherally shut down, then:

- Arrange hospital admission
- Insert IV cannula and commence infusion with N-Saline + dextrose
- Check U&E, glucose & other relevant tests
- Give hydrocortisone 100mg IM or IV stat
- Continue hydrocortisone 100mg, 6 hourly by IM injection or IV bolus
- Exclude underlying precipitating causes
- Ensure that the patient is stable on oral steroids prior to discharge

PITUITARY PATIENT CARE CARD

LIFE-DEPENDENT EMERGENCY MEDICAL INFORMATION



Personal details

Name:

Address:

..... Postcode:

Date of birth:

Telephone:

Mobile:

Pituitary condition:

Allergies:

INSTRUCTIONS FOR FAMILY, FRIENDS, NEIGHBOURS AND WORK COLLEAGUES

If I become suddenly ill, vomit, have an accident or have a severe shock, my personal care plan for treatment in an emergency situation is:

VOMITING:

Give me 2 x **10mg tablets of hydrocortisone** or 1 x **5mg prednisolone** with some water - if I am conscious; my tablets are kept in:

If I don't keep these down within half an hour (due to vomiting) please give me the same dose again - **2 x 10mg tablets of hydrocortisone** or **1 x 5mg prednisolone tablet**.

If I continue to vomit please call my GP (Dr:) during surgery hours, for an urgent visit.

GP Telephone Number is:

Meanwhile, please inject me with my **EMERGENCY HYDROCORTISONE INJECTION** - this is stored in:

Instructions of how to prepare this and inject me, are with my injection kit, in the **Hydrocortisone Advice Leaflet** - inner back page. (Green and white A5 size leaflet). This is located with my injection.

If it is out of hours, please call an ambulance without delay - **999**. Stress to the operator I have an **ADRENAL CRISIS** and need emergency admission to hospital.

Please alert the paramedic and A&E that I have **ADRENAL CRISIS** and hand this care plan to them.

D.I. sticker to go here

MEDICATION	DOSE	WHEN TAKEN
Patients taking HYDROCORTISONE (or PREDNISOLONE) replacement might require administration of injectable hydrocortisone in situations where stress or trauma has occurred (see overleaf).		

GP details

Doctor:

Surgery:

..... Postcode:

Telephone:

Notes:

Hospital details

Consultant:

Hospital:

..... Postcode:

Telephone:

Hospital No:

Endo Nurse:

Telephone:

EMERGENCY CONTACT

Name:

Address:

..... Postcode:

Telephone:

Mobile:

Relationship: