

## CMG 43 - ADRENAL CRISIS

(Revised: November 2020)



Adrenal crisis occurs in susceptible patients whose ability to synthesise cortisol is impaired.

Signs and symptoms include:

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| <ul style="list-style-type: none"> <li>• Nausea, vomiting and diarrhoea</li> <li>• Abdominal pain</li> <li>• Fever</li> <li>• Loss of appetite/anorexia</li> </ul> | <ul style="list-style-type: none"> <li>• Mottled appearance, peripherally shut down</li> <li>• Lethargy, fatigue and weakness</li> <li>• Tachycardia</li> <li>• Light headedness/dizziness</li> </ul> | <ul style="list-style-type: none"> <li>• Hypoglycaemia</li> <li>• Hyperkalaemia</li> <li>• Hypotension, exacerbated by standing</li> </ul> |
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**Consider adrenal crisis only in patients presenting with at least one of each of:**

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|---|----------|---|----------|--|----------|
| <b>1. A <u>diagnosed</u> adrenal insufficiency condition</b> <ul style="list-style-type: none"> <li>• Addison's disease</li> <li>• congenital adrenal hyperplasia</li> <li>• suprasellar tumours or brain injuries</li> </ul> | <b>P</b> | <b>2. The patient is currently experiencing</b> <ul style="list-style-type: none"> <li>• infection</li> <li>• trauma</li> <li>• stress response e.g. dehydration, AMI, intense physical exertion</li> </ul> | <b>P</b> | <b>3. The patient is</b> <ul style="list-style-type: none"> <li>• hypoperfused</li> <li>and/or</li> <li>• decreased LOC</li> </ul> | <b>P</b> |
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### MANAGEMENT

ICP	IV/IO fluids for hypoperfusion as per CMG 14(c)	AP
ICP	Hydrocortisone	
ICP	Treat hyperkalaemia as per CMG 27	AP
ICP	Treat hypoglycaemia as per CMG 10	AP