FOR EMERGENCIES/EXTREME STRESS SITUATIONS (TO AVOID OR CORRECT ADDISONIAN CRISIS)

Conditions which must be treated immediately:

- severe injury of any type
- · blood loss
- fluid and/or electrolyte loss
- infection
- severe vomiting
- diarrhea.

Treatment protocol prior to Emergency Room arrival:

- Give Hydrocortisone 100 mg. IM (intramuscularly) in buttock or upper thigh.
- Patient then should be immediately admitted to the nearest Emergency Room, where adrenal crisis treatment should begin promptly.
- If transportation to emergency medical facility is impossible, treat patient on site as listed below.

Protocol for treatment of adrenal crisis in emergency room:

For further details, call Dr._____

Emergency Pager or Exchange #:_____

1.) I.V. hydrocortisone.

Specialty:_____ Office Phone:___

Address

City

contact #2:___ Home phone:_

- 2.) Administer I.V. isotonic saline.
- 3.) Continue I.V. hydrocortisone until oral medication is tolerated.

Patient NameAddressCity	Home Phone:		
		State	Zip
MEDICAL CONDITIONS	MEDICATION	DOSAGES	
Emergency contact #1:	Relationship to patient:		
Home phone:	Work:	Cell:	
Emergency			1 100

State____Zip___

Relationship to patient:_____

THE NATIONAL ADRENAL DISEASES FOUNDATION, INC.

505 Northern Boulevard • Suite 200 Great Neck, New York 11021 (516) 487-4992 • www.nadf.us

ATTENTION! IMPORTANT EMERGENCY INFORMATION PROVIDED ON THIS SHEET

The person carrying this emergency information sheet suffers from Addison's disease or adrenal insufficiency. Appropriate care of such a person in a medical emergency is critical to their survival, as their body does not produce the stress hormone cortisol. This sheet and the educational information below is provided as a service by the National Adrenal Diseases Foundation and is edited for content by board certified medical endocrinologist, Paul Margulies.

WHAT IS ADDISON'S DISEASE?

Addison's disease is a severe or total deficiency of the hormones made in the adrenal cortex, caused by its destruction. Classical Addison's disease results from a loss of both cortisol and aldosterone secretion due to the near total or total destruction of both adrenal glands. This condition is also called primary adrenal insufficiency. If ACTH is deficient, there will not be enough cortisol produced, although aldosterone may remain adequate. This is secondary adrenal insufficiency, which is distinctly different, but similar to Addison's disease, since both include a loss of cortisol secretion.

Symptoms of an ADDISONIAN CRISIS or UNDIAGNOSED ADDISON'S DISEASE (Revised 2004)

Symptoms may include:

- low blood pressure (possibly with accompanying black outs)
- · severe fatigue
- · nausea
- · vomiting
- diarrhea
- · stomach pain
- · extreme weight loss or appearance of anorexia
- · unexplained fever
- salt craving
- darkened skin (especially mucous membranes and pressure points)
- confusion

For more information, contact:

National Adrenal Diseases Foundation, 505 Northern Blvd., Great Neck, NY 11021 Phone: (516) 487-4992 E-mail: nadfmail@aol.com Website: www.nadf.us