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Adrenal Insufficiency

| The owner of this card has the condition | | | | |
|--|-----------------|--|--|--|
| | Name | | | |
| | Name | | | |
| | DOB | | | |
| | Hospital Number | | | |
| | | | | |

MIDDLE PAGE Dear Dr

If this child is brought to hospital as an emergency, and is acutely unwell/had major accident the following management is advised:

- Check if Intramuscular (IM) Hydrocortisone has been administered
- Insert Intravenous (IV) cannula
- Check near patient test glucose if <2.5mmol/l give bolus of 2ml/kg of Dextrose 10%.
- If no IM hydrocortisone administered then give IV bolus ofmgs
- Take bloods for U&Es, glucose and any other appropriate tests

| *Hydrocortisone |
|-----------------------------------|
| Hydrocortisone dose – IV 6 hourly |
| 100mg/m2/day in 4 doses |
| |
| OR |
| IV Infusion at |
| hour |
| *as per your local A&E Guideline* |

- If child drowsy, hypotensive and peripherally shut down with poor capillary return give 20mls/kg of normal saline stat
- Continue regular monitoring of U&E's and glucose until stable.

Inform the Endocrine/Paediatric team of admission

Back Cover

Emergency Contact

Hospital consultant

GP

Scottish Paediatric Endocrine Group Managed Clinical Network (SPEG MCN) is a network of healthcare professionals in Scotland who have a particular interest in the care of children and young adults who have endocrine conditions. www.speg.scot.nhs.uk

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If you require an alternative format please contact NSS.EqualityDiversity@nhs.scot

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