



Your Child's Cortisol Replacement Instructions **Date:** _____

Sick Kids Endocrinologist on-call: 416-813-7500 for after-hours emergencies

A Medic Alert Bracelet is strongly recommended and needs to say **Adrenal Insufficiency**

1) **Current Daily Dosing:**

(circle): hydrocortisone/prednisone/prednisolone/dexamethasone

for (diagnosis) _____

	Morning	Afternoon	Evening
Daily dose in mg			

2) **Illness/Stress Dosing: (40 mg/m²/day divided three times daily in hydrocortisone equivalents)**

During times of illness and injury, the body requires extra cortisol. This is called stress dosing. **As soon as the illness or injury is recognized the stress dose must be given immediately.** If necessary, take your child to the family doctor/pediatrician to determine if an illness requires any additional treatment (for example: antibiotic for ear infection).

	Morning	Afternoon	Evening
Stress dose in mg			

Illness/stress includes:

- Fever more than 101 F or 38.5 C
- Nausea, vomiting, diarrhea, throat or ear infection
- Lethargy (very tired), pale & clammy skin, lower than normal body temperature, signs of dehydration (dry tongue, thirst, dark circles under eyes, reduced urine)
- Moderate trauma such as injury requiring stitches or a broken bone
- If your child needs an anesthetic

Extra cortisol is **not** needed for routine immunizations but **is** needed if your child develops a fever

Continue the stress dose until the illness is improving, then return to normal daily dosing. **Encourage fluids with sugar (juice, electrolyte drinks – e.g. Pedialyte). If your child cannot tolerate oral fluids (vomiting, refusing to drink), go to your nearest emergency room.**

If 3 or more days have passed since increasing the dose, contact your family doctor/pediatrician.

3) **Emergency Dosing (Solucortef Act-O-Vial 250mg/2ml): Please check age group**

0-3 years = 25 mg (0.2ml) _____ 3-10 years = 50 mg (0.4ml) _____ >10 years = 100 mg (0.8 ml) _____

Your child will need an injection of cortisol in the following situations:

- If your child vomits less than ½ an hour after taking a stress dose, then you should give a whole dose again. **If vomiting occurs after the repeated dose, your child will need an injection of cortisol**
- Severe diarrhea (child may not absorb the stress dose)
- If your child is unconscious

If your child needs an injection of cortisol it is a medical emergency and you should go to your nearest emergency room



For Emergency Health Care Professional

EMERGENCY CARE PLAN FOR ADRENAL INSUFFICIENCY

This patient has adrenal insufficiency and requires glucocorticoid treatment.

During illness or injury this patient must be seen by a physician **URGENTLY** because of the risk of life threatening electrolyte disturbances, hypoglycemia, and hypotension which may occur as part of an **ADRENAL CRISIS**.

Signs of impending adrenal crisis could include lethargy, weakness, dizziness, nausea, vomiting, hypotension, hypoglycemia, tachycardia and pallor.

TREATMENT should be started as follows:

1. Treatment of hypoglycemia if present

2. IV fluids: D5W with normal saline at maintenance to correct for dehydration (if needed) and to maintain blood glucose levels in the normal range.

3. Initial Hydrocortisone (Solu-Cortef) IV bolus (can be administered IM if unable to obtain IV access).

- 25 mg for children 0-3 years of age
- 50 mg for children >3-10 years of age
- 100 mg for children >10 years of age

4. Continue Emergency Hydrocortisone dose (Solu-Cortef) IV/IM divided q6h until patient is able to tolerate oral Hydrocortisone (Solu-Cortef), is rehydrated, and has normal electrolytes and glucose levels.

- 6.25 mg q6h for children 0-3 years of age
- 12.5 mg q6h for children >3-10 years of age
- 25 mg q6h for children >10 years of age

If required, call the Sick Kids Endocrine doctor on call @ 416-813-7500 for clarification/advice.