



British Society for Paediatric Endocrinology and Diabetes: Adrenal Insufficiency Card

PAEDIATRIC STEROID CARE PLAN FOR SICK DAYS AND EMERGENCIES

IMPORTANT MEDICAL INFORMATION FOR PARENTS/CARERS & HEALTHCARE STAFF

This patient has adrenal insufficiency and is steroid dependent. Steroids should never be missed. Any stress situation, such as illness or surgery will require additional treatment

Name	Address
DOB	
NHS / CHI Number	
GP Contact Details	Next of Kin Contact Details
Paediatric Lead Consultant & Hospital	Paediatric Endocrine Team Contact Details
Diagnosis	Date of issue

Print double sided and 'flip pages short edge'.

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Sick days: When to give additional steroids

Situation	Change to usual steroid dose	Length of change	When to get help?
Minor Illness			
Mild cold / runny nose with no fever. Minor playground bumps and bruises	No change		
Moderate or severe illness			
Fever, flu, infection, childhood illnesses (usually not well enough to go to school)	Sick day doses required	For as long as the illness lasts	Contact GP or medical team if not improving after 24-48 hours
Vomiting or diarrhoea	Sick day doses required		
	If sick day dose tolerated (kept down for at least 30 minutes with no frequent diarrhoea or vomiting), then continue oral sick day dosing		
Drowsy and unresponsive	If sick day dose not tolerated, give IM hydrocortisone injection Give IM hydrocortisone injection		If an IM injection of hydrocortisone is required, then dial 999 and inform them that the patient is having an adrenal crisis
Major trauma or severe shock (e.g., suspected fracture, road traffic accident, head injury with loss of consciousness).	Give IM hydrocortisone injection		
Other (discuss with medical team)			
Routine or travel vaccinations	Consider 1 or 2 doses of sick day steroids. Continue if symptomatic		
Long haul flight	Give usual morning dose at 6 to 8 hourly intervals		
Child or centre specific recommendations			
Surgical and dental procedures			
Minor surgery (e.g., dental extraction under local anaesthetic)	Sick day dose prior to procedure Return to usual dose immediately afterwards	Continue sick day doses for up to 24 hours if in pain or unwell	Inform medical staff including dentist and anaesthetist that you/your child have adrenal insufficiency and take steroids
Major surgery (e.g., operation requiring general anaesthetic)	Sick day steroids (oral or IV) on day of procedure even when fasting. Intravenous hydrocortisone given on induction as per local hospital protocol	As per local policy or contact treatment centre for advice	

Steroid Treatment Regimen		
Medication (and preparation) <i>e.g., Hydrocortisone (10mg tablet)</i>	Time <i>e.g., 6am</i>	Dose <i>e.g., 5mg (half a tablet)</i>

Oral sick day steroid treatment regimen in the event of an illness (See back page for more information on when this is required)		
Medication (and preparation)	Time	Dose
If patient takes fludrocortisone, no change in dose is necessary		

Emergency Steroid Injection		
If they show no sign of improvement, have persistent vomiting or diarrhoea, become drowsy or unresponsive, or has had a major accident or injury give intramuscular (IM) injection of hydrocortisone immediately		
Age less than 1-year: 25mg	Age 1 to 5 years: 50mg	Age 6 years and over: 100mg
Dial 999 stating they are having an ADRENAL CRISIS; they should be taken to the nearest A&E without delay		

Important information for medical emergency teams

If this patient is unwell and brought to hospital, the following management should be instituted promptly:

- Administer Emergency IM/IV hydrocortisone
 - Age less than 1-year 25mg
 - Age 1 to 5 years 50mg
 - Age 6 years and over 100mg
 (Check if this has been given by parent, caregiver, or ambulance crew)
- Check **blood glucose**. Give 2ml/kg 10% dextrose IV if glucoses <3mmol/L
- If **circulation** is compromised, give 10 ml/kg 0.9% saline bolus
- Obtain U&E & **start IV fluids** 0.9% Saline/5% dextrose at a maintenance rate
- Ongoing hydrocortisone doses:**
 - Continue with IV hydrocortisone 2mg/kg (max 100mg) every 4-6 hours (or hydrocortisone infusion if very unwell).
 - Once stable, the IV bolus dose of hydrocortisone is 1mg/kg (max 50mg) every 6 hours.
 - For neonates (< 28 days) the IV bolus dose of hydrocortisone is 4mg/kg every 4-6 hours. Once stable the IV bolus dose is 2mg/kg every 6 hours.
 - Please refer to BSPED guidance for full details.
- Once tolerating oral fluids, swap to oral sick day dosing until back to normal self (usually 2-3 days of sick day dosing).

Important: Please observe until patient is tolerating oral steroids at sick day dosing. Contact your acute paediatric or paediatric endocrine team if admission is required.

If the patient needs a **general anaesthetic or surgery**, please contact the paediatric endocrine team for a perioperative plan. The recommended doses for hydrocortisone can also be found on the BSPED website below.

For further information scan the **QR code** or visit **website** to see BSPED guidance:
<https://www.bsped.org.uk/adrenal-insufficiency>

