

IMPORTANT Instructions For Hospital Doctor

This child has a diagnosis of

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If this child is brought to hospital as an emergency case, the following management is advised:

- Take blood for U&Es, blood glucose and, if necessary, any other appropriate tests e.g. blood cultures.
- Check capillary blood glucose.
- Give hydrocortisone IV as a bolus (dosage as shown in Table 2). Unnecessary if child has had IM hydrocortisone within the previous 4 hours.
- Commence IV infusion of 0.9% saline 5% dextrose at maintenance rate (extra if dehydrated). Add potassium depending on electrolyte result.
- If blood glucose <2.5 mmol/L, give bolus of 2mL/kg 10% dextrose and monitor blood glucose.
- If patient is drowsy, hypotensive and peripherally shut down, give 20mL/kg normal saline.
- Hydrocortisone must either be given orally or if vomiting continues IV.

On Admission Please Inform

Dr

(Ext))

- If IV hydrocortisone is required, calculate the normal daily dose and triple it. Give this calculated dose as four, equally divided doses e.g. patient is normally on 10mg/day, triple dose = 30mg, given as 7.5mg qds.
- Consider giving this increased daily dose as a continuous IV hydrocortisone infusion to severely ill patients (50mg hydrocortisone in 50mL normal saline), e.g. if total tripled daily dose = 30mg hydrocortisone, give infusion of 1.25mLs/hour (30mg/24 hours).
- If child is also on DDAVP, fluid balance will need to be monitored carefully and dose alteration considered. Seek advice from endocrinology regarding adjustment of doses.
- Some children may also be on fludrocortisone. If vomiting and unable to tolerate this orally, electrolytes will need to be monitored twice daily and appropriate sodium replacement made IV.
- Once child is better, the hydrocortisone dose should be reduced back to normal maintenance dose after 2-3 days (for usual dose see Table 1).



Paediatric Steroid Replacement Therapy Card

The holder of this card has the condition: **ADRENAL INSUFFICIENCY**

Name:

Address:

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Date of birth:

Hospital Number:

Consultant Endocrinologist:

Specialist hospital:

Local Paediatrician:

Local hospital:

Useful Numbers: Local Hospital

Hospital switchboard:

Ward:

Paediatric Assessment Unit:

Secretary:

Specialist Nurse:

GP name/address:

Phone:

Table 1: Current Oral Treatment

These are the medications your child is currently taking. Ask your doctor to write any change in doses with the date of the change.

Date	Medications	Tablet size/ solution strength	Normal dose	Dose during illness (e.g. doubled)
			Morning: Lunch: Evening:	Morning: Lunch: Evening:
			Morning: Lunch: Evening:	Morning: Lunch: Evening:
			Morning: Lunch: Evening:	Morning: Lunch: Evening:

Table 2: Emergency Dose Of Intramuscular Hydrocortisone Injection

Age of child	Dose of intramuscular hydrocortisone injection
Under 1	25mg
1 - 5 years	50mg
Over 5 years	100mg

Anaesthesia: Important Information

In the event of your child needing an anaesthetic either as an emergency or for a routine procedure, please speak to the admitting doctor and the anaesthetist because your child will need hydrocortisone cover for the procedure.

If Your Child is Unwell

- In the event of your child being unwell (e.g. cold, cough, sore throat), please double the hydrocortisone dose whilst your child remains unwell, usually this would be 2-3 days (please see Table 1 - "Dose during illness").
- If your child takes fludrocortisone this dose does not need to be doubled.
- Hydrocortisone must be given by injection if your child:
 - does not get better after you have increased the tablets, or
 - feels drowsy, or
 - is unable to take the tablets orally (e.g. due to continued vomiting).

It is vital that you keep a supply of hydrocortisone injection. **Please check it is not past its expiry date.**

- The emergency dose of hydrocortisone injection is shown in Table 2 and will change as your child gets older. In the event of having to use the injection, you should seek medical attention.
- If your child continues to be ill, despite increasing the hydrocortisone, or you have needed to use the hydrocortisone injection, telephone your nearest hospital and say that you are bringing your child for assessment or go to A&E. Please take this card with you and show the instructions to the admitting doctor. If you do not have immediate access to transport, ring 999 and present this card to the ambulance crew.