

Responsibilities of Endocrinology Team in the Care of People with Adrenal Insufficiency

AI Type	Action to be taken
<p>Primary, Secondary & Tertiary</p>	<ul style="list-style-type: none"> • Where necessary confirm diagnosis of adrenal insufficiency through conducting appropriate clinical tests • Initiate and monitor steroid replacement therapy , adjusting the regimen to meet the individual patient needs • Provide counselling and resources to support the safe self-management of adrenal insufficiency and crisis including: <ul style="list-style-type: none"> • A NHS Wales Emergency Steroid Therapy Card. • Signs and symptoms of adrenal insufficiency and crisis. • Care plan for the management of adrenal insufficiency during inter-current illness – “Steroid sick day rules.” • Management plan for adrenal crisis. • Where clinically appropriate, patient and/or relative training in the administration of emergency intramuscular hydrocortisone and provision of an emergency hydrocortisone injection kit. • Emergency contact telephone numbers for their local hospital and specialist endocrinology service. • Review individuals at least annually • Communicate management plan with patient’s general practitioner
<p>Steroid Induced</p>	<ul style="list-style-type: none"> • Assess individuals referred by general practitioners and colleagues for glucocorticoid induced adrenal insufficiency • Provide counselling and resources to support the safe management of adrenal insufficiency and crisis according to outcomes of clinical investigations. • Individuals with established tertiary adrenal insufficiency from suppression of the hypothalamic pituitary adrenal axis should be managed as specified for primary + secondary AI. • Communicate management plan with the patient’s general practitioner and consultant responsible for management of underlying inflammatory disorder if applicable. • Review individual according to management plan at least annually if established adrenal insufficiency