

Responsibilities of Anaesthetists and Pre-operative Assessment Clinics in the Care of People with Adrenal Insufficiency

- Healthcare staff must establish whether a person is taking steroid medication during pre-operative assessment.
- A peri-operative steroid management plan must be agreed with the anaesthetist.
- Patient's must be informed how to take their steroid medication prior to surgery.
- Guidance on the management of glucocorticoids in the peri-operative period has been published by the Association of Anaesthetists, Royal College of Physicians and Society for Endocrinology

Peri- and Post-Operative Management of People with Adrenal Insufficiency

1. Steroid-dependent patients should be first on the list to minimise risk of dehydration
2. For any nil by mouth regimen, run 1L IV 0.9% saline over 8 hours, if >50kg.
3. Monitor electrolytes and BP post-operatively for all procedures requiring parenteral steroid cover. If the patient becomes hypotensive, drowsy or peripherally shut down, administer 100mg IV or IM bolus hydrocortisone immediately. (U&Es should be monitored daily in all patients post-operative).
4. If any post-operative complications arise, (e.g., infection), delay the return to normal dose.
5. A pre-assessment meeting with the anaesthetist is advisable for all steroid-dependent patients, to ensure any co-morbidities and potential drug interactions are taken into account.
6. For patients with diabetes mellitus, regular blood sugar check should be continued post-operatively.