

## ADRENAL INSUFFICIENCY IN PANHYPOPITUITARISM\*

Below, you will find a list of recommendations for basic preparedness in the event of an adrenal crisis for your child. This list is not intended to be comprehensive. Rather, it is something to build upon to ensure that you, as parents and caregivers, feel confident that your children will have the care that they need in an emergency.

- **Know the importance of having the emergency Solu-Cortef injection at home, and how and when to administer it.** This is our first line of action in protecting our children. An oral dose of hydrocortisone can take 30 minutes or more to be absorbed, regardless of the dose. An intramuscular injection of Solu-Cortef is available to your child's system relatively quickly. Signs of an adrenal crisis can include: abdominal pain, severe vomiting and/or diarrhea, low blood pressure, low blood sugar, lethargy, and/or loss of consciousness. Risk factors include dehydration, infection, trauma, surgery, and illnesses (such as stomach bugs) that don't allow oral medication to be absorbed. Check the expiration dates on your vials of Solu-Cortef regularly. Some parents prefer to do so when they set their clocks forward or back in the spring and fall, respectively.
- **Make sure your emergency kit goes where your child goes.** Your kit should include contact information for your endocrinologist, insurance information, alcohol wipes, Solu-Cortef and syringes, and hydrocortisone tablets. Get into the habit of taking it with you wherever you go with your child, *just in case*.
- **Develop an emergency plan with your child's school.** We can't be with our children all the time, but we can ensure that, while they are at school, they are covered, medically. Develop a written plan of action with school administrators and nursing staff, and make sure everyone is on the same page (including classroom teachers) as far as what steps need to be taken to ensure your child's safety.
- **Your child should wear some form of medical-alert jewelry.** With a MedicAlert or RoadID (*et al.*) bracelet or necklace, it is clear to EMS and ED staff that your child has a medical issue that requires their attention. It is recommended to put "ADRENAL INSUFFICIENCY – NEEDS STRESS DOSE CORTICOSTEROIDS" on the ID, rather than "PANHYPOPITUITARISM", because that is usually better understood by ED and EMS personnel, and they are actually treating the adrenal insufficiency, not the panhypopituitarism. There are many different options for jewelry today, so it shouldn't be difficult to find a style that your child approves of and is willing to wear 24/7.
- **Carry a letter from your endocrinologist, at all times, that explains your child's specific issues and details what course of action should be taken by ED staff to treat an adrenal crisis.** Should you also be faced with a physician who doesn't recognize an adrenal crisis, be prepared with a letter from your endocrinologist that explains the symptoms and risk factors, as well as clearly explains that your child must be given Solu-Cortef *immediately*, to prevent irreversible damage to his/her system. (A sample letter can be found in the document titled EMERGENCY LETTER.) Even parents who, along with their endocrinologists, have set up a protocol for their child in advance in their local ED have dealt with physicians who either weren't privy to that information, or failed to follow protocol. When you take into consideration that emergencies don't only happen at home, but also while you're traveling, you should always err on the side of caution and expect that you may have an ED doctor who has never seen a patient with adrenal insufficiency. *Always* be prepared with a letter.

- **When in doubt, give the injection.** If your child has vomited more than once, and isn't keeping down an oral stress dose, give the injection. If you think they need to go to the hospital, give the injection first. If you are calling an ambulance, give the injection, and then call (or have someone else call while you give the injection). If you are sent to the waiting room in the ED, despite the instructions in your doctor's letter (see above), and you haven't already given it, give the injection. If your child suddenly “crashes” while in the ER for otherwise minor symptoms, and you think the doctors aren't being attentive enough, are waiting too long, or aren't following the protocol set up for your child, give the injection. Remember: Giving the injection when it's not necessary won't hurt your child, but *not* giving the injection when it's needed could be the difference between life and death.

\*This document has been reviewed and approved by Mitchell E. Geffner, MD (CHLA) and Dorothy Shulman, MD (USF Health Morsani College of Medicine).

v.1 November, 2015

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