



NAME/STICKER:

Doctor and date of review:

STEROID COVER IN EMERGENCIES, SERIOUS ILLNESS AND INJURY

MILD ILLNESS: no change to normal hydrocortisone (Hysone®) or any other medication such as fludrocortisone (Florinef®).

SIGNIFICANT INJURY/ STRESS OR SEVERE ILLNESS: (temperature>38°C, illness severe enough to miss school or normal activities)

- -Triple (3X) the normal total **daily** dose of hydrocortisone and give as **4 equal doses (6 hourly) per day** until better; then resume normal doses of hydrocortisone.
- -Give sugar containing fluid, such as ½ cup juice/lemonade and simple/complex carbohydrate to eat and drink at least every 6 hours. If not able to tolerate fluids or food, take to hospital for review.
- -If patient is on Florinef, do not change dose.

REPEATED VOMITING AND/OR DIARRHOEA

- -If single vomit within 1 hour of usual hydrocortisone dose, repeat the dose.
- -If child vomits again or has significant diarrhoea, give intramuscular injection (IMI) of hydrocortisone (see table below for dose)
- -Take to hospital (see Hospital Treatment below)

EMERGENCY: (child shocked, clammy, drowsy or unconscious)

Give Hydrocortisone immediately by intramuscular injection and call ambulance

Age	Hydrocortisone Dose (mg)	Hydrocortisone Dose (ml) (Act-O-Vial®) Available as 100mg/2ml or 250mg/2ml preparation
< 6 months	25	0.5 ml from 100mg vial
6 months – 2 years	50	1.0ml from 100 mg vial
3 – 10 years	75-100	0.6-0.8ml from 250 mg vial
>10 years	100-200	0.8-1.6ml from 250 mg vial

On arrival at hospital -Triage/ priority 1 on arrival at hospital

Repeat hydrocortisone IMI at doses given above or 2mg/kg intravenously (do NOT delay hydrocortisone because of difficult IV access); follow guidelines as below:

https://pch.health.wa.gov.au/For-health-professionals/Emergency-Department-Guidelines/Adrenal-insufficiency

CONTINUE with hydrocortisone 1mg/kg 4-6 hourly IVI or IMI, or 100mg/m²/day by constant IV infusion.

Contact Endocrinologist on call at PCH on 6456 5993 or PCH main switchboard on 6456 2222

Version 1: 15/05/2019. Reference: Australasian Paediatric Endocrine Group, and CAH: An Endocrine Society Clinical Practice Guideline (JCEM Nov 2018, 103(11) 4043-4088

15 Hospital Avenue, Nedlands Locked Bag 2010, Nedlands WA 6909 Ph 08 6456 2222 pch.health.wa.gov.au

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