

## Sick Day Management for Patients on Glucocorticoid Therapy

ESA recommends two (2) copies of this form be provided to the patient: one for them to keep and the other to give to their partner/next of kin. A copy should also be sent to the patient’s GP.

Name.....DOB.....

Diagnosis.....

Contact details of usual public hospital OR private endocrinologist

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.....has a form of **adrenal insufficiency**.

Replacement medications will keep them well, but at times of **illness or other stress to the body**, they are at risk of **adrenal crisis**. Unless additional glucocorticoids are given at these times, they could become very unwell. This is a simple guide about what to do in such situations. If there is any doubt or concern about their health, their endocrinologist or their usual hospital’s Endocrinology Department should be contacted for further specific advice.

Tablet Name:	Usual Dose		
	AM	Mid	PM
	mg	mg	mg

Issue	Examples	Temperature	Dose Change <sup>1</sup>	Adjusted Dose		
				AM	Mid	PM
<b>Trivial illness or emotional stress</b>	Mild cold, Exam stress, Bereavement	No temperature, able to complete usual daily activities and physically well	Usually <b>NO</b> change (advice may be varied at the discretion of the endocrinologist)	mg	mg	mg
<b>Mildly unwell</b>	A fever, Urine infection	37.5 – 38.5 <sup>0</sup> C	2 x normal dose for at least 2 days	mg	mg	mg
<b>More unwell</b>	High fever, Diarrhoea	Above 38.5 <sup>0</sup> C	3 x normal dose for at least 3 days	mg	mg	mg
<b>Vomiting or persistent diarrhoea</b>		Normal or raised	<b>Hydrocortisone Injection</b> is required either by self-injection (e.g. 100 mg Solu-Cortef Act-o-Vial™) <sup>2</sup> , a GP or an Emergency Department as soon as possible. After receiving the injection, the person should then proceed to the nearest Emergency Department for further treatment. If unable to access this treatment, call 000 and request an urgent ambulance.			

<sup>1</sup> If the person is still unwell despite following the suggested dose changes, they should seek immediate medical attention.

<sup>2</sup> Ensure the self-injected Solu-Cortef Acto-o-Vial has not expired.

### Additional important points:

- Always seek medical advice early if you become ill, so the cause can be established, and any necessary treatment started
- **Once the illness is over, the usual dose of hydrocortisone, prednisolone or cortisone acetate can be resumed after gradually reducing the dose over a few days**
- There is no need to adjust the dose of other medications that are taken unless advised by your doctor
- Keep a record of the extra doses so this can be discussed with your specialist at the next appointment.
- A MedicAlert® bracelet or pendant should always be worn
- Always tell any doctors what medication you take

## Recommended Medication Requirements for Procedures in Patients with Adrenal Insufficiency

TYPE OF PROCEDURE	PERI-PROCEDURE NEEDS	POST-PROCEDURE NEEDS
<b>Major surgery with long recovery time</b> <i>e.g., cardiothoracic surgery, oesophagectomy, Whipple's procedure</i>	50 mg hydrocortisone IV with induction (at time anaesthesia commenced)	Hydrocortisone 50 mg IV every 8 hours for 24 hours. Taper to normal dose over 2-3 days, or longer depending on individual progress
<b>Moderate surgery</b> <i>e.g., open cholecystectomy, total joint replacement, hysterectomy, caesarean section, dental surgery under general anaesthesia</i>	50 mg hydrocortisone IV with induction	Hydrocortisone 25 mg IV 8-hourly for 24 hours. Usually then return to normal oral dose, depending on individual progress  For day case dental surgery, double oral dose for 24-48 hours
<b>Minor procedures</b> <i>e.g., cataract surgery, hernia repairs, gastroscopy</i>	50 mg IV hydrocortisone at commencement of procedure	Double oral dose for 24-48 hours after surgery
<b>Labour and vaginal birth</b>	25 mg hydrocortisone IV at onset of labour, then every 6 hours until delivery  50 mg IV at time of delivery	Double oral dose for 24-48 hours after delivery
<b>Invasive bowel procedures requiring laxatives</b> <i>e.g., colonoscopy, barium enema</i>	Double the usual oral doses of steroid during the bowel preparation phase  50 mg IV hydrocortisone at time of procedure	Double oral dose for 24-48 hours after procedure