

PATIENT DETAILS

Name

D.O.B / /

Address

Affix photo here

Tel

Mobile

Next of Kin

Contact No

Hospital

Medical Condition

Hospital No

Consultant

General Practitioner

Practice Name

Town

Tel

6

FOLD 3

7

FOLD 2

Great Ormond Street Hospital for Children NHS Foundation Trust
and University College London Hospitals NHS Foundation Trust



GOSH Switchboard UCLH Switchboard
Tel: 020 7405 9200 Tel: 020 3447 9101
Ask to be put through to the Endocrine Registrar on call
for either
Adolescent and Young Persons
(up to aged 25)
or Adult Endocrine Services

Back

FOR URGENT ADVICE

FOLD 1

ADRENAL INSUFFICIENCY

**THE OWNER OF THIS CARD IS ON
CORTISOL REPLACEMENT THERAPY**

Front



Great Ormond Street Hospital for Children NHS Foundation Trust
and University College London Hospitals NHS Foundation Trust

IF PATIENT IS UNWELL

- 1 In the event of mild to moderate illness, for example, cold, cough, sore throat, flu, tummy upset, double the total daily dose of hydrocortisone for the duration of the illness. Add an additional dose, equal to double the morning dose, at 4am.
The fludrocortisone dose should remain the same.
If using prednisolone/dexamethasone the dose should be:
- 2 If the patient:
 - a does not get better after you have increased tablets, or
 - b feels drowsy, is unresponsive or
 - c is unable to take the tablets orally (e.g. due to vomiting)

HYDROCORTISONE MUST BE GIVEN BY INTRAMUSCULAR INJECTION*

The dose of hydrocortisone to be given by injection is:

- 3 Once you have administered the injection, take the patient to the nearest hospital.

Please bring this card with you and show it to the doctor

EMERGENCY MANAGEMENT FOR HOSPITAL

Dear Doctor: If this patient is brought to hospital as an emergency the following management is advised:

- 1 Insert an I.V. cannula.
- 2 Take blood for U&E's, glucose, and perform any other appropriate tests (e.g. urine culture).
- 3 Check capillary blood glucose level.
- 4 Give bolus dose of hydrocortisone intravenously. Hydrocortisone bolus dose as follows: 0-1 year 25 mgs, 1-5 years 50 mgs, over 5 years 100 mgs (unnecessary if patient has already been given IM hydrocortisone).
- 5 Commence IV infusion of 0.45% sodium chloride and 5% glucose at maintenance rate (extra if patient is dehydrated). Add potassium depending on electrolyte results.
- 6 Commence hydrocortisone infusion - contact endocrine registrar at the hospital to discuss rates and setting up infusion.
- 7 Monitor for at least twelve hours before discharge.

IMPORTANT! If blood glucose is < 2.5 mmol/l, give bolus of 2 ml/kg of 10% glucose.

If patient is drowsy, hypotensive and peripherally shut down with poor capillary return give 20ml/kg of normal sodium chloride stat.

***It is vital that you have a supply of Hydrocortisone available for emergency use.**

PLEASE CHECK IT IS NOT PAST THE EXPIRY DATE

CURRENT TREATMENT

DATE	DRUG	DOSE (insert times)		

STEROID TREATMENT MUST NOT BE STOPPED