

## Managing adrenal insufficiency in patients with suspected or confirmed COVID-19 European Society of Endocrinology & Society for Endocrinology (UK) update

Recommendations from these organisations relating to the treatment of patients with adrenal insufficiency with confirmed or suspected COVID-19 infection. This advice is aimed at avoiding the precipitation of adrenal crisis and differs from normal sick day rules in that recommended steroid doses are higher during COVID-19 illness.

This update applies to patients with primary (adrenal), secondary (pituitary) or tertiary (due to exogenous steroids- >5mg prednisolone for > 4 weeks) adrenal insufficiency.

## Suggested management of adrenal insufficiency in patients with suspected or confirmed COVID-19

Clinical Scenario	Suggested management for patients at home
Onset of <b>signs and symptoms suggestive of COVID-19</b> (fever >38°C, a new or continuous dry cough, sore throat, loss of sense of smell or taste, aches and pains, fatigue)	<ul> <li>Adults and adolescent patients should take 20mg hydrocortisone orally every 6 hrs if they were originally taking hydrocortisone.</li> <li>Patients currently taking 5-15mg prednisolone daily should take 10mg prednisolone every 12 hrs; patients on oral prednisolone&gt;15mg should continue to take their usual dose but split into two equal doses of at least 10mg.</li> <li>If on fludrocortisone, continue at usual dose.</li> </ul>
Onset of signs and symptoms of <b>clinical deterioration</b> (dizziness, intense thirst, shaking uncontrollably, drowsiness, confusion, lethargy, vomiting, severe diarrhoea, increasing shortness of breath, respiratory rate >24/min, difficulty speaking.	<ul> <li>If there is Steroid emergency pack at home, immediately inject 100mg hydrocortisone IM injection in adults and adolescents (the patient or carer will have been trained to administer the injection already).</li> <li>Call for emergency medical attention for treatment and transfer to hospital.</li> <li>If patients cannot be taken or kept in hospital, then they should take 50mg oral hydrocortisone every 6 hours at home until symptoms improve.</li> </ul>
Recovery phase	<ul> <li>For patients on hydrocortisone, double their original dose for 48 hours, and then reduce back to the original dose.</li> <li>For patients on <b>10mg or less</b> of prednisolone, double the original dose for 48 hours, and then reduce to the original dose.</li> <li>For patients on <b>more than 10mg</b> prednisolone, continue the original dose</li> </ul>

Please be aware that adrenal insufficiency patients under endocrine care should already have received letter informing them of the above and have been provided with a steroid emergency pack (hydrocortisone 100mg vial, water, needle & syringe) along with a steroid sick day rules card.



## **Actions for Practices**

## Please ensure that anyone being prescribed regular steroids for these indications are provided with the appropriate steroid warning card which can be found <u>here.</u>

Patients may need to be contacted to find out if they have sufficient supplies of their tablets and emergency hydrocortisone injection to use in case they catch COVID-19. If they do not have sufficient supplies, then a FP10 will need to be issued.

Further information can be found at https://www.endocrinology.org/adrenal-crisis

	Contact details
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