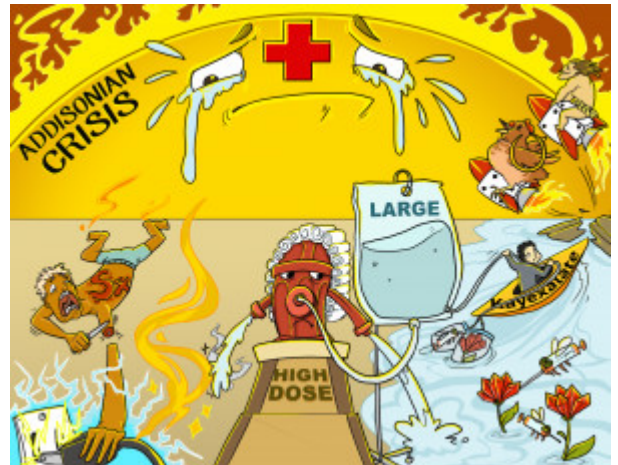


Addisonian Crisis

This is a life-threatening emergency, which involves intense nursing care to address the signs and symptoms of acute adrenal insufficiency. It often occurs as an outcome from a stressful situation, such as surgery, trauma, severe infection, or the sudden withdrawal of exogenous corticosteroids.



PLAY PICMONIC

Assessment

Severe Symptoms

Severed Sx-guy

Symptoms are severe including profound hyponatremia leading to hypotension, confusion and muscle weakness, as well as hyperkalemia which may cause ECG changes.

Shock

Shocking

The most important consideration is the management of hypovolemic shock. These patients often require large volumes of IV solutions to maintain adequate perfusion to tissues.

Interventions

High-Dose Hydrocortisone

High Dose Hydrant-court judge

High dose IV hydrocortisone is indicated to replenish depleted cortisol levels and maintain glucose metabolism.

Large Volumes of IV Fluid

Large IV-bag

Large volumes of IV normal saline are indicated to maintain blood pressure. Assess patients often for signs and symptoms of fluid overload, monitor intake and output regularly.

Insulin with Dextrose

Insect-syringe with Sugar-rose

Insulin is given to patients with hyperkalemia, as it causes a shift of potassium back into cells decreasing serum potassium levels. Giving dextrose alongside an insulin infusion prevents hypoglycemia.

Kayexalate

[Kayak](#)

Sodium polystyrene sulfonate (Kayexalate) is given by mouth, through a gastric tube or in the form of an enema solution. It contains a high salt content that causes an excretion of potassium and is indicated for patients with hyperkalemia.

Loop or Thiazide Diuretics

[Loop-hen and Tarzan Die-rockets](#)

Diuretics, especially loop diuretics, may be indicated due to their side effect of decreasing potassium levels. It is important to consider additional fluid volume replacement in these patients.