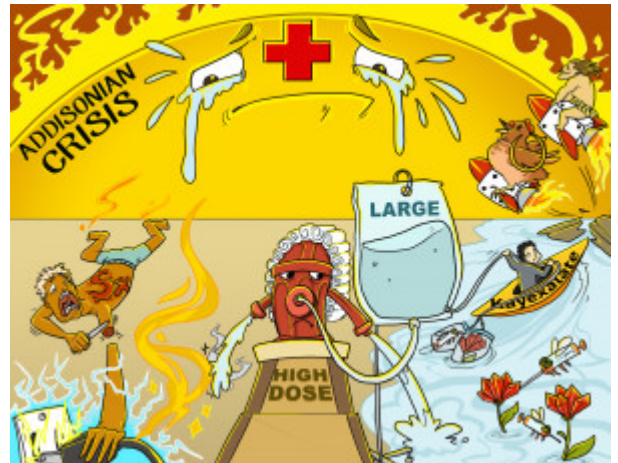


Addisonian Crisis

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.