

COVID-19 Care in the Community - Case Management in Pharmacy Operational Guide

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Medication Management Consult: Adrenal Suppression

Eligibility Criteria

Clients in COVID-19 mandatory isolation due to being COVID-19 positive, taking long-term steroids such as:

- Hydrocortisone
- Prednisone
- Fludrocortisone

Referrals for this service may come from:

- Prescriber via email or phone or noted on prescription.
- Welfare or other agencies such as Tihei Mauri Ora and the local hubs who provide support.
- General Practice
- Health Hawke's Bay.
- DHB services.

Background

During prolonged therapy with corticosteroids, adrenal atrophy and body does not make enough cortisol. During an acute illness/ stress the body has an increased need of cortisol. In patients with adrenal suppression, the existing cortisol replacement does not meet with increased need for cortisol leading to adrenal crisis (low blood pressure, fatigue, weight loss, myalgia). To prevent adrenal crisis, glucocorticoids needs to be administered and maintained.

Patients with adrenal insufficiency (e.g. Addison's disease, Adrenal suppression following long term corticosteroid use) using cortisol replacement will usually have a sick day plan from the Endocrinologist or Endocrine Clinical Nurse Specialist. An example of this can be seen at - [Steroid Sick Day Rules](#). The plan will advise the patient on either doubling or tripling their steroid (either hydrocortisone or prednisone) depending on the severity of illness. The patient will also have a supply of intramuscular (IM) hydrocortisone 100mg for emergency use when severely unwell. During a period of illness e.g. COVID-19 it is critical the patient has sufficient supplies of stress steroid.

Planning for COVID-19 in the community

It is strongly recommended that the pharmacy and clients with adrenal suppression plan for the event of illness:

- Check your patient has a sick day plan

If there is no plan is available or it is lost, liaise with Endocrinology. Phone 068788109 and ask for Villa 16 to supply/update the plan for the patient.

- Check the expiry of IM hydrocortisone
- Check the patient has sufficient steroid for isolation and stress dosing

Advise the patient to contact the GP for a prescription of stress dose and/or IM hydrocortisone if required.

Factors to discuss with your patient

If this happens...	...then do this
<p>Minor illnesses COVID symptoms e.g. fever, cold and flu symptoms, fatigue)</p> <p>For patients on hydrocortisone and prednisone <15mg per day</p>	<p>As per Steroid Sick Day Rules</p> <p>As a guide - double the usual daily dose of glucocorticoid for 3 days. This should reduce fever and malaise without compromising immune system.</p> <p>If symptoms worsen – contact their doctor immediately</p>
<p>Nausea and vomiting</p> <p>Increasing adrenal crisis symptoms despite Stress dosing steroid (e.g. dizziness, intense thirst despite drinking, shaking uncontrollably, drowsiness, confusion, and increasing shortness of breath)</p>	<p>Inject 100mg vial of hydrocortisone IM.</p> <p>Call 111 to arrange for ambulance.</p>
<p>Patients on fludrocortisone</p>	<p>Continue to take your usual daily dose.</p>

Tools available:

- [Patient fact sheet: COVID-19 Seeking medical help – when and how](#)
- [Society of Endocrinology: Steroid Sick Day Rules](#)
- [ISBAR communication framework between health care workers.](#)

References:

<https://www.endocrinology.org/clinical-practice/clinical-guidance/adrenal-crisis/covid-19-adrenal-crisis-information/>
https://www.uptodate.com/contents/treatment-of-adrenal-insufficiency-in-adults?sectionName=ADRENAL%20CRISIS&topicRef=154&anchor=H2&source=see_link#H4

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