Management of Medical Emergencies in Dental Practice
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ACUTE ADRENAL INSUFFICIENCY - CLINICAL SCENARIO

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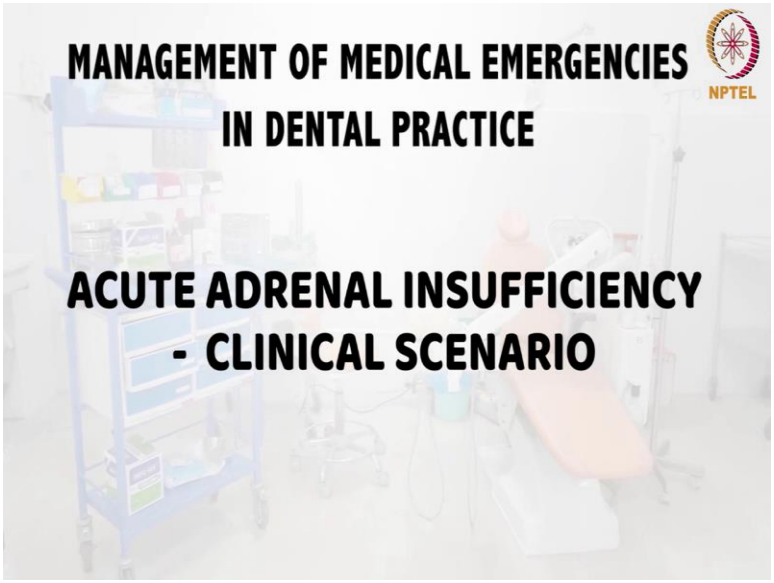

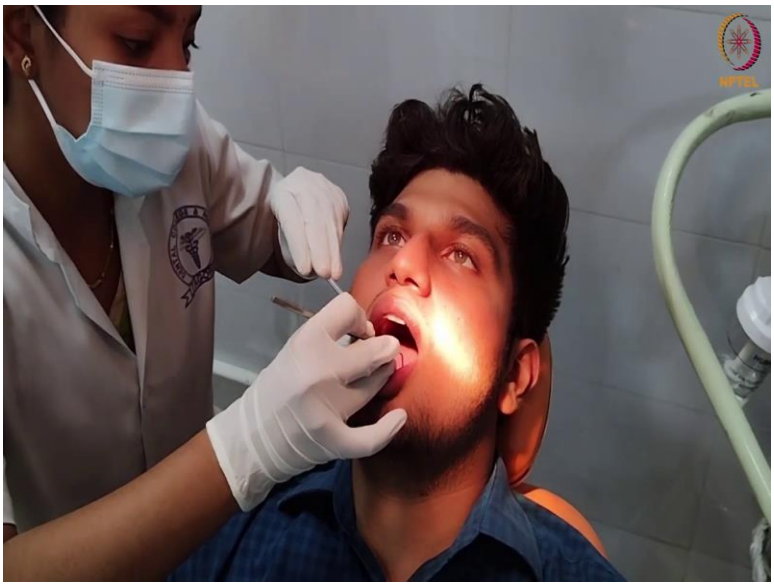

In this video, we are going to see how to manage acute adrenal insufficiency. Acute adrenal insufficiency is the third most common cause of unconsciousness after syncope and hypoglycemia. Adrenal insufficiency is an often unrecognized endocrine disorder, which can lead to adrenal crisis and death, if not identified, and treated.

Omission of steroids in patients with adrenal insufficiency, particularly during physiological stress, such as an intercurrent illness, or surgery can also lead to an adrenal crisis. Patient's taking prednisone 5 milligrams per day, or equivalent for 4 weeks or longer. Across all routes of administration, that is oral, topical, inhaled, or intranasal.

Should be considered as potential suspect for adrenal crisis. If the patient is already taking steroids, double the dose before the procedure to avoid adrenal insufficiency. Symptoms of adrenal insufficiency are nonspecific, and a high level of clinical suspicion is required to make the correct diagnosis.

If adrenal insufficiency is suspected, then prompt treatment should not be delayed by performing or waiting for the results of diagnostic testing. Random serum cortisol of over 400 Nano moles per liter, at any time of the day makes adrenal insufficiency highly unlikely. While a morning serum cortisol of less than 100 Nano moles per liter strongly suggests adrenal failure.

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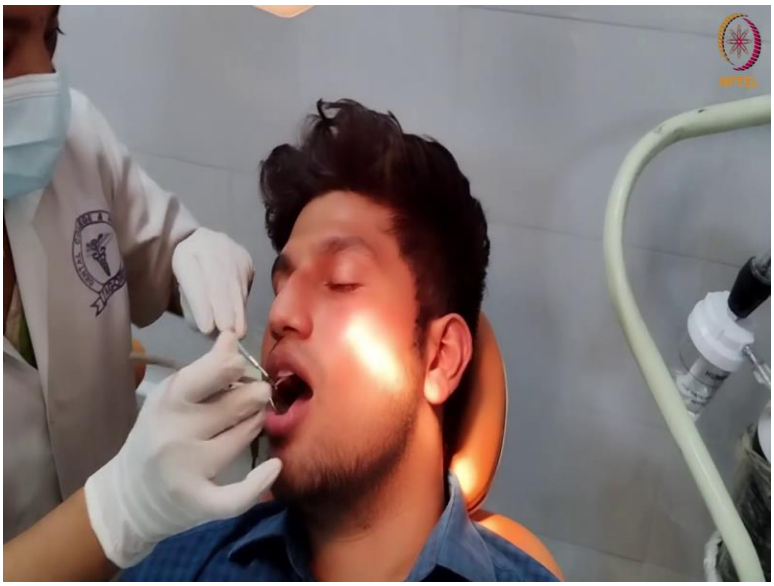

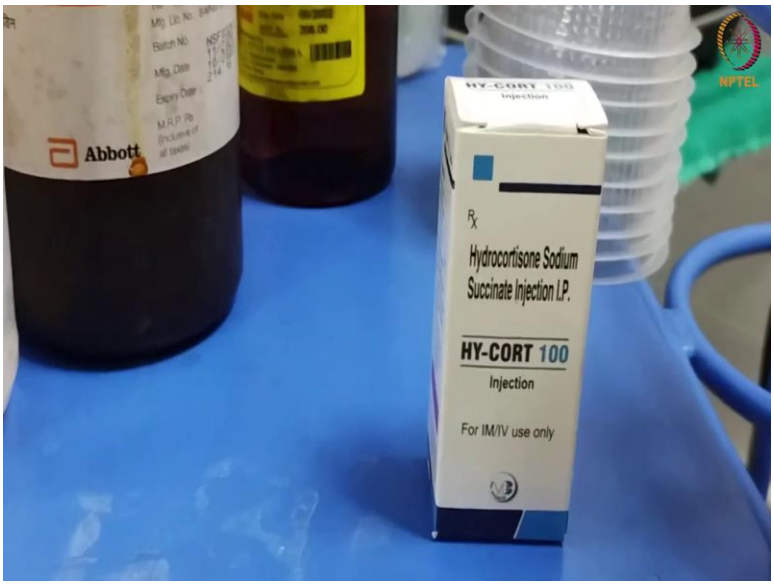
Abbott
Hydrocortisone Sodium Succinate Injection I.P.
HY-CORT 100
Injection
For IM/IV use only

Individual's thought to be having an adrenal crisis should be treated promptly with 100 milligrams hydrocortisone by intramuscular, or intravenous injection, followed by 200 milligrams of hydrocortisone per 24 hours, either via continuous intravenous infusion, or, alternatively, in doses of 50 milligrams of hydrocortisone per intravenous, or intramuscular injection every 6 hours.