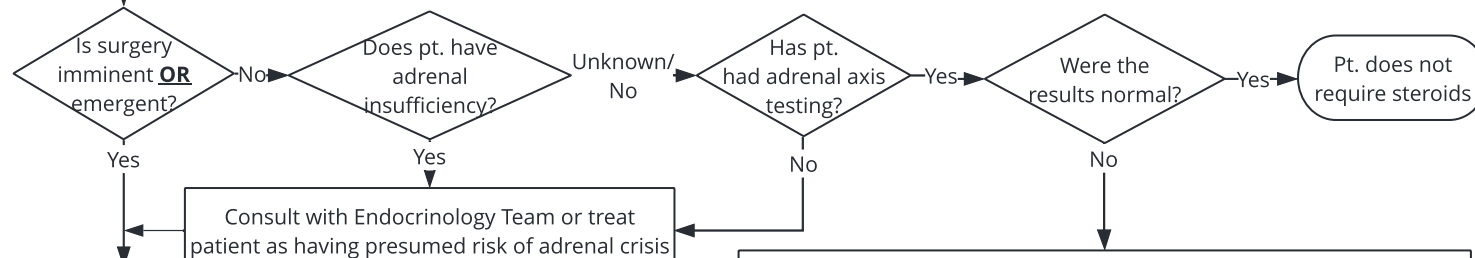



QR code for  
mobile view

Consult Hematology / Oncology prior to administering a steroid to any diagnosed hematology/oncology pt.  
Rationale: The pt. may not be able to receive steroid therapies for their protocol assignment.

**\*\*If the patient is prescribed fludrocortisone, they should continue their prescribed regimen during the perioperative period.\*\***

Patients undergoing a surgical **OR** endoscopy procedure with a presumed risk for Adrenal Crisis



Consult with Endocrinology Team or treat patient as having presumed risk of adrenal crisis

#### Moderate Stress Surgeries:

- Appendicitis
- Cholecystectomy
- Hernia repair
- Orthopedic surgery (minor)
- T&A

#### Severe Stress Surgeries:

- Neurosurgery
- Cardiac surgery
- Orthopedic surgery (major)
- Spine surgery
- Transplant surgery

**In AM, prior to procedure, pt should take any steroid as prescribed per their typical regimen**

In AM, prior to procedure:

- **Patients on hydrocortisone should receive triple maintenance dose for the morning hydrocortisone dose.**
- Patients on home prednisone/prednisolone at doses below do not require additional stress dosing for minor stress procedures, and should receive their usual dosing on the morning of the procedure:
- <3 years of age:  
Prednisone/Prednisolone dosing > 5 mg every other day (2.5 mg/day)
- 3-12 years of age:  
Prednisone/Prednisolone dosing > 10 mg every other day (5 mg/day)
- >12 years of age:  
Prednisone/Prednisolone dosing > 20 mg every other day (10 mg/day)

#### Minor Stress Surgeries:

- Minor skin procedures
- Endoscopies
- Dental procedure
- Tympanostomy tube placement
- Imaging using anesthesia or sedation

Minor

#### Hydrocortisone

Administered **before incision or procedure starts:**

- 50 mg / m<sup>2</sup> IV/IM
- **OR**
- RAPID hydrocortisone dosing:  
  - < 3 years old: 25 mg
  - 3-12 years old: 50 mg
  - > 12 years old: 100 mg

$$\text{BSA (m}^2\text{)} = \sqrt{(\text{height (cm)}) \times \text{weight (kg)}) / 3600}$$

Intraoperative redosing for hydrocortisone

- Occurs for cases (Surgery / Procedure) with a duration length greater than 8 hours
- Repeat initial hydrocortisone dose 8 hours after above dose was given

Post-procedure dosing for hydrocortisone

- Provide hydrocortisone 12.5 mg/m<sup>2</sup> IV/IM q6h or if pt able to tolerate PO, 17 mg/m<sup>2</sup> po/pg/ng q8h **OR**
- RAPID post-procedure hydrocortisone dosing:  
  - < 3 years old: 6.25 mg IV/IM q6h or 7.5 mg po/pg/ng q8h
  - 3-12 years old: 12.5 mg IV/IM q6h or 17.5 mg po/pg/ng q8h
  - > 12 years old: 25 mg IV/IM q6h or 35 mg po/pg/ng q8h

#### Dexamethasone

0.1 mg/kg - 0.2 mg/kg or 10 mg **maximum** dose for antiemetic (**DO NOT Redose during intraoperative timeperiod**)

Post-procedure dosing:

- Change to hydrocortisone (refer to post-procedure dosing guidelines for hydrocortisone above)

Resume maintenance dosing once stable  
(for example: afebrile, reasonable pain control, normotensive for 24 hours);  
Pt may be discharged if otherwise meeting discharge criteria.

#### Abbreviations :

T&A = tonsillectomy and adenoidectomy