Situations in which operative steroid stress-dosing is necessary:
- Pt. is taking steroids and exhibits Cushnoid features

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

Is surgery imminent OR emergent?
- Yes
- No

Does pt. have adrenal insufficiency?
- Yes
- No

Has pt. had adrenal axis testing?
- Yes
- No

Were the results normal?
- Yes
- No

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

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

In AM, prior to procedure:
- Patients on hydrocortisone should receive triple maintenance dose for the morning hydrocortisone dose.
- Patients on home steroid dosing, see 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)

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

Consider Endocrine Consult for cortisol management

In AM, prior to procedure, pt should receive usual maintenance dose of morning hydrocortisone dose (po, pg or ng)

Moderate Stress Surgeries:
- Appendicitis
- Cholecystectomy
- Hernia repair
- Orthopedic surgery (minor)
- TIA

Severe Stress Surgeries:
- Brain surgery
- Heart surgery
- Orthopedic surgery (major)
- Spine surgery
- Transplant surgery

Hydrocortisone
Administered before incision or procedure starts based on:
1. 50 mg / m2 OR
2. RAPID hydrocortisone dosing:
   - < 3 years old: 25 mg
   - 3-12 years old: 50 mg
   - > 12 years old: 100 mg

Intra-procedure 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/m2 IV q6h or if pt able to tolerate PO, 17 mg/m2 po/pg/ng q6h OR
- RAPID post-procedure hydrocortisone dosing:
  - < 3 years old: 6.25 mg IV q6h or 7.5 mg po/pg/ng q8h
  - 3-12 years old: 12.5 mg IV q6h or 17.5 mg po/pg/ng q8h
  - > 12 years old: 25 mg IV q6h or 35 mg PO/pg/ng q8h

Dexamethasone
0.1 mg/kg - 0.2 mg/kg or 10 mg maximum dose for anesthetic
Intra-operative redosing for dexamethasone:
- DO NOT give an additional dose intra-operative (0.1 – 0.2 mg/kg will provide adequate cortisol coverage for the entire surgical intervention)

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

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