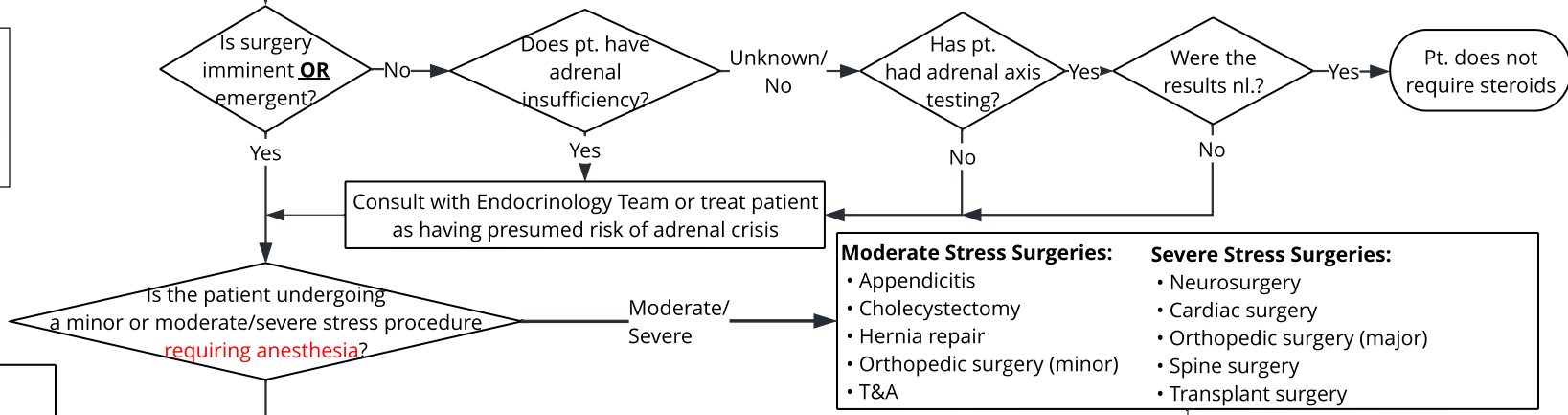


Patients undergoing a surgical **OR** endoscopy procedure with a presumed risk for Adrenal Crisis

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.

Abbreviations (laboratory & radiology excluded):
pt = patient
T&A = tonsillectomy and adenoidectomy
nl = normal



- | | |
|---|--|
| Moderate Stress Surgeries: <ul style="list-style-type: none"> • Appendicitis • Cholecystectomy • Hernia repair • Orthopedic surgery (minor) • T&A | Severe Stress Surgeries: <ul style="list-style-type: none"> • 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

Hydrocortisone
Administered **before incision or procedure starts:**

- 50 mg / m²

OR

- RAPID hydrocortisone dosing:
 - < 3 years old: 25 mg
 - 3-12 years old: 50 mg
 - > 12 years old: 100 mg

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/m² IV q6h or if pt able to tolerate PO, 17 mg/m² po/pg/ng q8h **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 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.

This care process model/clinical practice guideline is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.