



Patient ID Number: _____

Visit Number: _____

Last Name: _____

Gender: _____

First Name: _____

Age: _____

Weight Kg: _____

Height cm: _____

Possible Addison Disease Crisis
Patient Care Orders
 Emergency Department

AH: _____

IPS: _____

- All orders must be completed and signed by the physician. All co-signatures must be timed and dated within **24 hours**.
- Orders may be deleted by stroking the order out, and initialing the entry or by leaving prompt blank (boxes and / or lines).

Allergies: _____

Date / Time	Orders Expiration Date: _____	<input checked="" type="checkbox"/> Old Charts
Criteria		
Addison's patients presenting with (acute MI, acute abdomen, sepsis, severe trauma) and/or		
(Please check off box for any of the following findings):		
<input type="checkbox"/> Vomiting and/or diarrhea		
<input type="checkbox"/> Decreased urine output		
<input type="checkbox"/> Clinical signs of dehydration		
<input type="checkbox"/> Hypotension (<110/70) +/- HR > 100/min		
<input type="checkbox"/> Other relevant symptoms: _____		
Diet and Activity		
<input type="checkbox"/> 1. Diet: NPO		
<input type="checkbox"/> 2. Activity: Bed rest with BRP if BP and symptoms allow		
Assessment / Investigations / Monitoring		
<input type="checkbox"/> 3. T,P,R, BP, O ₂ saturation q4h (maintain O ₂ sat >92% delivering O ₂ by nasal cannula)		
<input type="checkbox"/> 4. #18 or #20 gauge IV with 0.9% saline (use D5N if chemstrip < 4 mmol/L)		
<input type="checkbox"/> 5. Blood glucose level (if not already done)		
<input type="checkbox"/> 6. CBC and differential, BUN, Cr, Sodium, Potassium, chloride, CO ₂ , calcium, magnesium, glucose		
<input type="checkbox"/> 7. Other: _____		
Investigation for Precipitant		
<input type="checkbox"/> 8. Serum lactate now AND in 6 hours		
<input type="checkbox"/> 9. Blood cultures (if temperature ≥ 38.0 degrees C) - 1 set (3 vials) using two sites; 1st site aerobic vial and anaerobic vial, 2nd site (peripheral vein) aerobic vial only. Blood cultures must be collected before the initiation of antibiotics. Do not delay antibiotics if unable to collect cultures early.		
<input type="checkbox"/> 10. Urine random and microscopic		
<input type="checkbox"/> 11. Urine culture and susceptibility		
<input type="checkbox"/> 12. Portable chest x-ray		
<input type="checkbox"/> 13. Arterial blood gas		
<input type="checkbox"/> 14. ECG if age > 50 years OR cardiac history		



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Allergies:

Date / Time	Orders Expiration Date:
Medications	
<i>Addisonian Specific Therapy:</i>	
<input type="checkbox"/> 15. Hydrocortisone 100 mg IV bolus and 100 mg IV q8h	
<input type="checkbox"/> 16. In mild cases double or triple patient's (current) steroid dose x 3 days	
<input type="checkbox"/> 17. Other:	
<i>Antibiotic Therapy:</i>	
Consultations	
<input type="checkbox"/> 18. Consult #1:	
<input type="checkbox"/> 19. Consult #2:	
Physician Signature: MD.	