



Adrenal Insufficiency Action Plan

Fill this in with one of your healthcare team

This action plan is for adults with all types of adrenal insufficiency, including Addison's disease. It is to help you manage your condition and share the details of your treatment with others.

Name:

Date of Birth:

NHS No.:

Date completed:

2 My Sick Day Rules

When I am ill, injured or very stressed, my body needs more cortisol. This means I need to increase my daily steroid medication. The guidance around this increase ('updosing'), is called the Sick Day Rules. I must follow the Sick Day Rules to avoid an adrenal crisis.

I need to follow Sick Day Rules for the following:

- Vomiting and/or diarrhoea (but where I can still keep down food and drink)
- Any illness needing rest or time in bed due to weakness, or a course of antibiotics
- A fever
- An injury or other physical trauma

Consider sick day rule dosing for 1 or 2 days during psychological stress.

Recommended dose in a 24-hour period:

(except in exceptional circumstances, as guided by your endocrine team)

Hydrocortisone users

Usual dose is 10-25 mg

 **40 mg** in 24 hours in **2-4** doses

Start by taking 20 mg immediately.

Usual dose is 25 mg or more

 **Double usual** in 24 hours in **2-4** doses

Start by taking 20 mg immediately.

Prednisolone users

Usual dose is 3-10 mg

 **10 mg** in 24 hours in **1-2** doses

Start by taking 5 mg immediately.

Usual dose is more than 10 mg

 **Continue with your usual dose** in **2** doses

Plenadren and Efmody (previously Chronocort) users

Switch to regular hydrocortisone and take at least 40 mg in 24 hours in 4 doses.

 **40 mg** in 24 hours in **4** doses

In the situations below, extra tablets are not enough and I will need to use my emergency injection and get to A&E.

- If I vomit within 30 minutes of taking my steroid tablets, I should take them again, with an extra dose. If I vomit again within 30 minutes, I need to inject.
- For a severe injury (e.g. a fracture).

An emergency hydrocortisone injection can be given by anyone when adrenal crisis is suspected. **If in doubt, give the injection and call 999, stating 'adrenal crisis', or go to A&E.**

3 In an Adrenal Crisis

An adrenal crisis is a life-threatening medical emergency and requires urgent treatment. It can be triggered by vomiting or diarrhoea, illness, injury, stress and late or missing medication.

Signs of adrenal crisis include:

- Vomiting, nausea
- Feeling very weak
- Light-headedness or dizziness on sitting or standing up
- Feeling very cold or feverish - uncontrollable shaking
- Feeling terrible
- Pain which can be anywhere in the body
- Headache, confusion, feeling sleepy or fainting
- Collapse or loss of consciousness

There is no risk of overdose from hydrocortisone in an emergency, so if in doubt, use your injection.

My urgent emergency actions are:

1. To receive an emergency injection of **100 mg hydrocortisone** immediately (using my emergency injection kit).
2. To ring **999** and state '**adrenal crisis**' and '**steroid-dependent**'.
3. To share my **steroid-dependent identification** (Steroid Emergency Card & medical jewellery) and this action plan.

Urgent Treatment & Monitoring

The urgent treatment I need in hospital is:

- **100 mg hydrocortisone sodium phosphate or hydrocortisone sodium succinate** intravenously (IV), or intramuscularly (IM)
- **IV saline infusion** (0.9% saline solution or equivalent)

Then

- **50 mg hydrocortisone every 6 hours** IV or IM, or by infusion pump (e.g. 200 mg/24 hrs or 8.33 mg/hr)
- IV saline infusion

Monitoring

Ensure frequent monitoring of blood pressure, heart rate, electrolytes and glucose. I can gradually return to my normal daily replacement dose of steroids after 24-72 hours, as long as my condition is improving and I do not have low cortisol symptoms.

Preventing adrenal crisis

To lower my risk of having an adrenal crisis:

- I take my replacement steroid medication at the right times, every day.
- I know the Sick Day Rules and when I should increase my dose.
- I stay hydrated.
- I avoid infection and illness where possible.
- I look after my emotional wellbeing.
- I should have yearly reviews with my endocrine team to check that my treatment routine is still the best one for me.

My healthcare team:

GP surgery

Name:

Phone number:

Endocrinologist

Name:

Phone number:

Scan for
Sick Day Rules



Scan for NICE Guidelines
for Adrenal Insufficiency



Getting the most from your action plan

1

Put it somewhere easy to find like your fridge door, noticeboard or bedside table. Keep a copy in your emergency injection kit or hospital folder. Keep a photo of it in your mobile phone so you can check it if you are not sure of something.

2

Ensure that your GP has a copy of this action plan.

3

Check your plan when you are unwell and need a reminder of the Sick Day Rules.

4

Take it to your healthcare appointments, to help your healthcare team understand your condition and to be sure it is up to date.

5

Share it with family, friends, coworkers or anyone else you spend time with regularly, so they know how to help you if you are unwell.

Get more information, advice and support from:



Addison's Disease Self-Help Group

Supporting everyone with adrenal insufficiency, including Addison's disease.
(Charity 1179825)

www.addisonsdisease.org.uk

The Pituitary Foundation

The Pituitary Foundation

Supporting everyone in the pituitary community, every step of the way.
(Charity 1058968)

www.pituitary.org.uk

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