

**ENDOCRINE EMERGENCIES**

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<b>THYROID STORM:</b>	<b>Propylthiouracil 1000mg PO/NG STAT Then 300mg PO Q 6H</b>  <b>Iodide Drops 2-3 PO Q 6H to be given 1Hr after each dose of PTU</b>  <b>Dexamethasone 2 mg IV Q 6H Propranolol 20mg PO Q 6H IV Saline, Tylenol, Cooling Blankets</b>
<b>MYXEDEMA COMA:</b>	<b>IV L -Thyroxine 200 – 500 µg IV bolus Then 100 µg IV daily</b>  <b>Solucortef 100mg IV Q 6H Watch Respiratory function Gentle Rewarming</b>
<b>ADRENAL CRISES:</b>	<b>Solucortef 100mg IV Q 6H Or Dexamethasone 4 mg IV Q 6H</b>  <b>IV Saline, Glucose</b>
<b>PITUITARY APOPLEXY:</b>	<b>IV Solucortef 100 mg IV Q 6H Neurosurgical Consultation Watch for Diabetes Insipidus</b>
<b>DIABETES INSIPIDUS:</b>	<b>Urine Output &gt; 400cc/hr x 2Hr Urine Specific Gravity &lt; 1.005 Serum Sodium &gt; 148 Serum Osmolality 290</b>  <b>Give DDAVP 1 µg IV Watch Fluid Balance</b>
<b>DKA:</b>	<b>Regular Insulin 0.15 units/ Kg bolus Then 0.1 units/Kg IV/Hr</b>  <b>Titrate Insulin Against the Anion Gap</b>  <b>IV Saline 15-20 ml/kg/hr Switch to half normal saline once fluid deficit is corrected Add 20 meq KCl/L IV Add Glucose when Glucose is &lt; than 15 mmol/l Bicarbonate if pH &lt; 7.0</b>
<b>HYPOGLYCEMIA:</b>	<b>IV D50 Glucagon 1 mg SQ</b>
<b>HYPERCALCEMIA:</b>	<b>IV Saline IV Furosemide BID IV Pamidronate 60 mg-90 mg IV over 6-24 Hrs Nasal Calcitonin 200 IU nasally BID</b>
<b>HYPOCALCEMIA:</b>	<b>Calcium Gluconate 1 Amp IV push Calcium Gluconate Drip: 5 Amps in 500cc D5W</b>