

## TRIAGE “T-FILE” NOTIFICATION

**DATE:** *(date)*

**TO:** CHEO Emergency Department

**FROM:** Dr. \*\*\*  
Endocrinology

**RE:** Special Considerations for ED Triage & Care (CHEO T-FILE)  
*Patient Name*  
*DOB*  
*MRN*

Please use the italicized instructions as a guide to the information to be included in each section. Please delete the italicized instructions and blank lines when finished, as well as any section that is irrelevant.

This patient is followed by *(service)* for the following conditions/diagnoses:  
**Adrenal Insufficiency** due to \*\*\*

*He/she* also has the following co-existing medical conditions that are managed by:  
\*\*\*

*His/her* medications/chronic management at the time of this notification include:  
*(med list including dosing (table format)):*

The patient has the following allergies/sensitivities:  
*(allergies)*

If this patient presents with **Hypoglycemia or Hypotension**, there is concern of **adrenal crisis** due to *his/her* underlying condition.

Special attention should be given to **blood pressure** during the initial triage assessment.  
*(Include typical vital signs for this patient if their “normal” is significantly different from those expected for age).*

The patient urgently requires a **stat dose of hydrocortisone (see dosing below) if critically ill; glucose and electrolytes should be drawn immediately to ensure rapid treatment of hypoglycemia.**

**For adrenal crisis (hypotension/hypoglycemia), this patient should receive a stat dose of IV hydrocortisone of 100mg/m<sup>2</sup> (or 2mg/kg). There is no maximum dose for adrenal crisis.**

Pt Name

DOB: DOB

MRN: MRN

**For other critical illness, vomiting, severe accident or surgery this patient should receive a stat dose of IV hydrocortisone 100mg/m<sup>2</sup> (max 100mg)\*.**

**\*If BSA not readily available use estimated doses for critical illness:**

**INFANT – 25mg IV Hydrocortisone**

**CHILD (<30kg) – 50mg IV Hydrocortisone**

**CHILD/ADOLESCENT (>30kg) – 100mg IV Hydrocortisone**

**In the face of mild or moderate illness +/- fever, this patient should receive 30mg/m<sup>2</sup> of hydrocortisone IV/IM/PO (or equivalent) divided TID.**

Other pertinent information includes (\*\*\*) *social situation, code status, special requirements during admission, other management considerations*.

Further management and disposition decisions should be discussed with **the endocrinologist on call if: a) in the face of critical illness or surgery, b) the patient is being admitted to hospital, or c) the patient is being discharged home and the family is unclear about their stress dosing regimen.**

This notification shall be considered valid for (\*\*\*) *not to exceed 3 years*, unless replaced by a more current update.

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Dr. (\*\*\*)  
Endocrinology

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The Emergency Department Leadership Team has reviewed and approved this notice.

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Dr. Gina Neto  
Medical Director, Emergency

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Shirley Roddick  
Clinical Manager, Emergency

