1.7.7 Offer at least 40 mg oral hydrocortisone daily in 2 to 4 divided doses or at least 10 mg oral prednisolone daily in 1 to 2 divided doses until any underlying cause has resolved and the person is clinically stable.

1.7.8 Identify and treat any underlying cause of adrenal crisis.

1.7.9 Refer to the specialist endocrine team for ongoing clinical advice and support throughout admission and during the hospital stay.

Babies, children, and young people under 16 years

1.7.10 For the emergency management of adrenal crisis in babies, children, and young people under 16 years, follow section 1 in the British Society of Paediatric Endocrinology and Diabetes (BSPED) consensus guidelines on adrenal insufficiency.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on emergency management of adrenal crisis.

Full details of the evidence and the committee's discussion are in evidence review I: emergency management of an adrenal crisis.

1.8 Ongoing care and monitoring

Frequency of reviews

1.8.1 Offer ongoing reviews with an appropriate specialist team for people with adrenal insufficiency.

1.8.2 Offer children and young people under 16 years an appointment at least every 6 months and a face-to-face review at least annually to measure their height and weight and adjust glucocorticoid (and mineralocorticoid for primary adrenal insufficiency) dose accordingly.