

Appendix 1. Sample wallet card (hydrocortisone)

PROVEN OR POSSIBLE ADRENAL SUPPRESSION	
_____ has/is at risk of adrenal suppression secondary to GC use for _____	
They require hydrocortisone for:	
<input type="checkbox"/> Daily replacement and stress dosing <input type="checkbox"/> Stress dosing only <input type="checkbox"/> Stress dosing for severe illness/severe injury or surgery only	
Daily hydrocortisone dose (if applicable): _____	
BSA: _____ m ² Date: _____	
All children with confirmed or suspected adrenal suppression must receive extra glucocorticoids in times of physiologic stress. See reverse for stress dosing guidelines	

STRESS DOSING GUIDELINES	
PARENTS AND PHYSICIANS	
Moderate Illness including Fever >38.5, severe head cold with fatigue, vomiting, injury	30 mg/m ² /day hydrocortisone equivalent, divided TID This dose is equal to _____mg of hydrocortisone 3 times daily If required >3 days, contact healthcare team
PARENTS	
Severe illness or injury or unwell and unable to tolerate oral medications	If you have injectable hydrocortisone at home, give __mg (__ml) intramuscularly immediately Go to emergency department Consider calling EMS if severe illness or injury
PHYSICIANS	
Severe Illness, Adrenal crisis or severe injury	Hydrocortisone 100 mg/m ² (max 100mg) IV/IM Call Endocrinologist on call
Unable to tolerate orally	Hydrocortisone 30-50 mg/m ² /day divided q6 h IV or q 8h IM (if requiring ongoing parenteral administration after 24 hours, consult endocrinology)
Surgery	Hydrocortisone 50-100 mg/m ² IV with induction (max 100 mg). Call Endocrinologist on call.