

Weak, rapid pulse
Decreased blood pressure
Shallow respirations
Cold, clammy skin
Cyanosis
Circulatory collapse (terminal event)

Newborn

Hyperpyrexia
Tachypnea
Cyanosis
Seizures
Gland evident as palpable retroperitoneal mass (hemorrhagic)

Diagnostic Evaluation

There is no rapid, definitive test to confirm acute adrenocortical insufficiency. Diagnosis is often made based on clinical presentation, especially when a fulminating sepsis is accompanied by hemorrhagic manifestations and signs of circulatory collapse despite adequate antibiotic therapy. Because there is no real danger in administering a cortisol preparation for a short period, treatment is instituted immediately. Improvement with cortisol therapy confirms the diagnosis.

Therapeutic Management

Treatment involves replacement of cortisol, replacement of body fluids to combat dehydration and hypovolemia, administration of glucose solutions to correct hypoglycemia, and specific antibiotic therapy in the presence of infection. Initially, IV hydrocortisone (Solu-Cortef) is administered. Normal saline containing 5% glucose