

is given parenterally to replace lost fluid, electrolytes, and glucose. If hemorrhage has been severe, whole blood may be replaced. In the event that these measures do not reverse the circulatory collapse, vasopressors are used for immediate vasoconstriction and elevation of blood pressure.

After the child's condition has been stabilized, oral doses of cortisone, fluids, and salt are given, similar to the regimen used for chronic adrenal insufficiency. To maintain sodium retention, aldosterone is replaced by synthetic salt-retaining steroids.

Nursing Care Management

Because of the abrupt onset and potentially fatal outcome of this condition, prompt recognition is essential. Vital signs and blood pressure are taken every 15 minutes. Seizure precautions are instituted. The nurse should monitor the child's response to fluid and cortisol replacement. Rapid administration of fluids can precipitate cardiac failure and overdosage with cortisol may cause hypotension and a sudden fall in temperature.

When the acute phase is over and the hypovolemia has been corrected, the child is given oral fluids in small quantities. Rapid ingestion of oral fluids may induce vomiting, which increases dehydration. Therefore, the nurse should plan a gradual schedule for reintroducing liquids.

Nursing Alert

Monitor serum electrolyte levels and observe for signs of hypokalemia or hyperkalemia (e.g., weakness, poor muscle control, paralysis, cardiac dysrhythmias, and apnea). The condition is rapidly corrected with IV or oral potassium replacement.

Nursing Tip

When an oral potassium preparation is given, it should be mixed with a small amount of strongly flavored fruit juice to disguise its bitter taste.

The sudden, severe nature of this disorder necessitates a great deal of emotional support for the child and family. The child may