



**BD Diabetes Center for Children & Adolescents
Pediatric Endocrine Center**

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Date: 6/2018
To Whom It May Concern:

Re:
Date of Birth:

Name is a young adult with **Autoimmune Polyglandular Syndrome** (APS Type1) a rare condition that involves multiple autoimmune endocrinopathies. In her particular case, she has **Hypoparathyroidism, Adrenal Insufficiency and Renal complications**. She is maintained on the following medications:

Cortef (Hydrocort) 5 mg tab:	Example: 1 Tab po TID (+Additional half tab AM) 7.5/5/5mg
NatPara (Parathyroid Hormone) Injection	Dosing (QD once daily, BID 2x Daily, TID 3x Daily)
Loestrin 24FE	Dosing
Fludrocortisone	Dosing
Cozaar (Losartan) 50mg	Dosing
Imuran (Azathioprine)	Dosing
Zinc Sulfate	Dosing
UltraFlora Probiotic	Dosing
D3	Dosing
Multivitamin	

If **NAME** is unable to utilize the NatPara Injection she regulates her calcium orally with the following.

Rocaltrol 0.25 mcg tab:	1 Tab po BID (Breakfast and Dinner)
Calcium carbonate 500 mg tab:	2 Tab po BID

In times of illness, she needs special attention and care. For infections with fever 101-102 degrees, her Cortef dose needs to be doubled. For fever 102 degrees or higher, her Cortef dose needs to be tripled.

If at any time, she is unable to tolerate oral administration of her medications because of vomiting, please contact our office 973-971-4340 emergency line and be prepared to administer Solu-Cortef 100mg Intramuscular injection. If she is unable to tolerate oral fluid hydration, she should be brought immediately to the Emergency room for IV fluid hydration.

In case of severe illness, unconsciousness or trauma, Solu-Cortef 100mg intramuscular injection should be given immediately and patient be evaluated promptly by a Pediatric Endocrinologist. Call our Emergency line and asked to be connected to the doctor on call immediately for further instructions.

Prior to any surgery, our office should be informed for management of stress steroid coverage. Should you have any questions/concerns, please call our office at 973-971-4340.

Sincerely,

Barbara Cerame, MD
Pediatric Endocrinology
Morristown Memorial Hospital Morristown, NJ
IMPORTANT!! PLEASE BRING THIS LETTER WITH YOU TO THE HOSPITAL!

For Emergency Surgery and Stress Dosing:

Below find details on what Solucortef and calcium supplementation have been applied during surgeries for **Name**. If **Name** requires emergency surgery please follow the guidelines below and contact Dr Lionakis at his contact information below.

SOLUCORTEF:

The NIH initially gives a dose of Solucortef 30 mg given iv-push on call to the procedure (alternatively, this can also be given just before the start of anesthesia in the operating room). This is followed by a second dose of solucortef 60 mg, which was administered as a constant IV infusion throughout the 1 hour duration of the procedure (if a procedure would last 2 hours, then these 60 mg would have been given over 2 hours; the important thing is to cover the duration of the procedure). Last, when **Name** finishes a procedure, give her a third 30 mg dose of solucortef via a 2-hour infusion. Then resume her maintenance doses of oral hydrocortisone.

CALCIUM:

Name should get her usual subcutaneous dose of Natpara at the usual times in the AM. Follow that with a 300 mg calcium gluconate IV (over 15 minute infusion) on call to the procedure and another 300 mg IV calcium gluconate 4 hours later (over 15 minute infusion).

These mg doses apply to **Name**'s weight and specific requirements and would not apply to other patients. We typically follow a similar scheme of pre, during and post solucortef but we typically do not supplement calcium in the patients.

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