

All patients with moderate to severe ABI

Monitor for signs and symptoms of adrenal insufficiency and sodium disorders 1-7 days post-ABI

Clinical Suspicion

No Clinical Suspicion

Hyponatremia, hypoglycemia, unexplained hypotension: check random or a.m. cortisol

Hyponatremia, altered level of consciousness: check urine and serum sodium and osmolality

Polyuria, polydipsia, hypotension, hyponatremia: check urine and serum sodium and osmolality

**Low Cortisol** → Cortisol <7  
• Consider glucocorticoid replacement if cortisol low  
• Initiate hydrocortisone 50 mg q6h and manage as above

**Hyponatremia** → Sodium <135  
• Check hydration status  
• If serum and urine tests indicative of SIADH, restrict fluids <1L/day and treat as above

**Hypernatremia** → Sodium >145  
• Check hydration status  
• If serum and urine tests indicative of DI, consult endocrinology and start DDAVP

Monitor blood work + signs/symptoms as clinically indicated  
• Check any time if symptoms/signs present

• Consult endocrinology  
• Monitor blood work + signs/symptoms as clinically indicated; evaluate need for ongoing treatment or spontaneous resolution

Screen for neuroendocrine dysfunction at 3-6 months post-injury  
• TSH, free T4, PRL, a.m. cortisol, random glucose, FSH, LH, estrogen or testosterone

Diagnostic testing, referral to endocrinology, and/or treatment as appropriate

Screen for neuroendocrine dysfunction at 3-6 months post-injury  
• TSH, free T4, PRL, a.m. cortisol, random glucose, FSH, LH, estrogen or testosterone

Consider testing 12 months post-injury or any time if symptoms/signs develop

Monitor for need for ongoing treatment or spontaneous resolution as clinically indicated

Consider testing 12 months post-injury or any time if symptoms/signs develop