Steroid coverage for adult adrenal insufficient patients needing surgery is usually a full stress dose of hydrocortisone 100 mg IV every 8 hours, or as needed, then to taper or resume the normal dosage depending on the surgery. If major surgery is performed, a slow taper is used; if minor, resumption to normal dose within a day is fine. If the surgery itself is very minor, like an outpatient biopsy, just using a double oral dose of hydrocortisone may be sufficient coverage.