

Doncaster & Bassetlaw Medicines Formulary

Section 6.3: Corticosteroids

Dexamethasone 500microgram and 2mg Tablets

Dexamethasone 2mg/5ml Oral Liquid

Dexamethasone (base) 3.3mg and 6.6mg Injection

Hydrocortisone 10mg and 20mg Tablets

Hydrocortisone 100mg Injection

Prednisolone 1mg and 5mg Tablets

Fludrocortisone 100microgram Tablets

Approved by Drug and Therapeutics Committee: January 2022

Review Date: January 2025

Prescribing Guidance:

The dose of corticosteroid varies widely in different disease states and in different patients. Dexamethasone has little mineralocorticoid activity and is therefore the steroid of choice in conditions such as cerebral oedema. In general steroids should be taken as a single daily dose in the morning. Where dosage is divided, the second dose should be given no later than 2pm.

For use in palliative care and further dosing information, please refer to the [Palliative Care Formulary](#).

Prevention of Osteoporosis due to Long-term Corticosteroid Therapy:

Patients treated with long term oral corticosteroid therapy (≥ 3 months) and those requiring frequent short courses should be given pharmacological prophylaxis and monitored for the development of osteoporosis

Patients at high risk, for example those aged 65 years or over and those with a prior fragility fracture, should be advised to commence bone-protective therapy at the time of starting glucocorticoids. Measurement of bone density is not required before starting treatment.

KEY: [UL] Unlicensed Preparation; **Drug** – first line choice; **Drug** – hospital only; **Drug** – **Amber** (TLS), **Drug** – **Red** (TLS), see <http://medicinesmanagement.doncasterccg.nhs.uk/>

For patients on long term steroid therapy who require surgery:

Minor surgery under general anaesthetic – Take the usual oral steroid dose in the morning of surgery OR give 25 to 50 mg IV hydrocortisone on induction. The usual oral corticosteroid dose is recommenced after surgery.

Moderate or major surgery – Take the usual oral corticosteroid dose on the morning of surgery and give 25 to 50mg IV hydrocortisone on induction. IV hydrocortisone is continued for 24 to 72 hours after surgery. The usual pre-operative dose of oral corticosteroid is recommenced on stopping the hydrocortisone injections.

In deficiency states, replacement therapy is best achieved with a combination of the fludrocortisone and hydrocortisone. Hydrocortisone is given in doses of 20 to 30mg daily in two divided doses, the larger in the morning with the smaller at night to mimic the diurnal cortisol secretion pattern.