

National Patient Safety Alert

Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults

issued 13/08/20

All prescribers who initiate or authorise repeat steroid prescriptions must assess their patients for risk of adrenal crisis and, where necessary, issue a:



Steroid Emergency Card

Use the link or QR code for more information



Recommendations

New national guidance clarifies which patients are considered to be at risk of adrenal crisis



Background

Emerging evidence suggests that some patients who take certain combinations of oral, inhaled or topical steroids for any medical condition are at risk of developing **secondary adrenal insufficiency** and become **steroid dependent**.

Omission of steroids for patients with **adrenal insufficiency** can lead to **adrenal crisis**, a medical emergency which, if left untreated, can be fatal.

All prescribers must check for risk of adrenal crisis for any patient treated with steroids including inhaled and topical, and ensure that the patient has a **NHS Steroid Emergency Card**.

NHS Steroid Emergency Cards will be available in each outpatient area and on each ward. Further supplies can be obtained from Pharmacy Distribution via routine stock requests. Pharmacy can also issue cards to patients at the time of dispensing the discharge medication where necessary.

For Action by: All Prescribers, Nursing and Pharmacy staff

Patients who should receive a Steroid Emergency Card

Long-term oral glucocorticoids (i.e. 4 weeks or longer)

MEDICINE	DOSE (*)
Beclomethasone	625 micrograms per day or more
Betamethasone	750 micrograms per day or more
Budesonide	1.5mg per day or more (***)
Deflazacort	6mg per day or more
Dexamethasone	500 micrograms per day or more (**)
Hydrocortisone	15mg per day or more (**)
Methylprednisolone	4mg per day or more
Prednisone	5mg per day or more
Prednisolone	5mg per day or more

Short-term oral glucocorticoids (one week course or longer and has been on long-term course within the last year or has regular need for repeat courses)

MEDICINE	DOSE (*)
Beclomethasone	5mg
Betamethasone	6mg per day or more
Budesonide	12mg(***)
Deflazacort	48mg per day or more
Dexamethasone	4mg per day or more (**)
Hydrocortisone	120mg per day or more (**)
Methylprednisolone	32mg per day or more
Prednisone	40mg per day or more
Prednisolone	40mg per day or more

Inhaled glucocorticoid doses

MEDICINE	DOSE (*)
Beclomethasone (as non-proprietary, Clenil, Easihaler, or Soprobec)	More than 1000 micrograms per day
Beclomethasone (Qvar, Kelhale or Fostair)	More than 500 micrograms per day (Check if using combination inhaler and MART regimen)
Budesonide	More than 1000 micrograms per day (Check if using combination inhaler and MART regimen)
Ciclesonide	More than 480 micrograms per day
Fluticasone Propionate	More than 500 micrograms per day
Fluticasone Furoate (as Trelegy and Relvar)	More than 200 micrograms per day
Mometasone	More than 800 micrograms per day

Nasal glucocorticoids plus inhaled glucocorticoids

MEDICINE	DOSE (*)
Beclomethasone (as non-proprietary, Clenil, Easihaler, or Soprobec)	800-1000 microgram per day
Beclomethasone (as Qvar, Kelhale or Fostair)	400-500 microgram per day (Check if using combination inhaler and MART regimen)
Budesonide	800 1000 microgram per day (Check if using combination inhaler and MART regimen)
Ciclesonide	320-480 microgram per day
Fluticasone Propionate	400-500 microgram per day
Fluticasone Furoate	100-200 microgram per day
Mometasone	400 microgram per day

Topical glucocorticoid creams and ointments

Topical Steroid Treatments	Potency of Steroid
Beclomethasone Dipropionate 0.025%	Potent
Betamethasone Dipropionate 0.05% and Higher including: Dalonev, Diprosone, Dovobet, Enstilar, in combination with clotrimazole including: (Lotriderm) and salicylic acid (including Diprosalic)	Potent
Betamethasone valerate 0.1% and higher including: Audovate, Betacap, Betesil, Betnovate, Bettamousse, and in combination with clioquinol, fusidic acid (including: Fucibet, Xemacort), or neomycin.	Potent
Clobetasol propionate 0.05% and higher including Clarelux, ClobaDerm, Dermovate, Etrivex and in combination with neomycin and nystatin.	Very Potent
Diflucortolone valerate 0.1% including Nerisone	Potent
Diflucortolone Valerate 0.3% including Nerisone Forte	Very Potent
Fluocinonide 0.05% including Metosyn	Potent
Fluocinolone acetonide 0.025% including Synalar and in combination with clioquinol including Synalar C	Potent
Fluticasone propionate 0.05% including Cutivate	Potent
Hydrocortisone butyrate 0.1% including Locoid	Potent
Mometasone 0.1% including Elocon	Potent
Triamcinolone Acetonide 0.1% including Aureocort	Potent

Rectal Treatments

FORMULATION	DOSE
Budesonide enema	Contains 2mg per dose
Budesonide rectal foam	Contains 2mg per dose
Prednisolone rectal solution	Contains 20mg per dose
Prednisolone suppositories	Contains 5mg per dose

Patients prescribed any form of ongoing glucocorticoid treatment, at any dose in conjunction with any of the medication below which are potent CYP3A4 inhibitors.

Table 7

Potent Protease inhibitors:

Atazanavir
Darunavir
Fosamprenavir
Ritonavir (+/- lopinavir)
Saquinavir
Tipranavir

Antifungals:

Itraconazole
Ketoconazole
Voriconazole
Posaconazole

Antibiotics:

Clarithromycin – long term courses only