

Focus
on....



NEW Steroid Emergency Card

A National [patient safety alert](#) highlights the potentially fatal risk of omitting steroids in patients with adrenal insufficiency. Primary adrenal insufficiency includes patients with Addison's disease and congenital adrenal hyperplasia. Secondary adrenal insufficiency can be caused by hypothalamo-pituitary damage, or more commonly by taking long term steroids (oral, inhaled, topical or parenteral).

The National alert requires all patients at risk of developing adrenal crisis to be issued with the new Steroid Emergency Card.

Implementation

A multidisciplinary working group led by Consultant Endocrinologist Dr Debono, including clinicians from all key specialties and representation from Sheffield CCG has developed the following citywide response to the alert:

Steroid Emergency Card (Adult) **NHS**

IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF
THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.
Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

Name.....
Date of Birth..... NHS Number.....
Why steroid prescribed.....
Emergency Contact.....

When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency AND describe symptoms (vomiting, diarrhoea, dehydration, injury/shock).

Emergency treatment of adrenal crisis

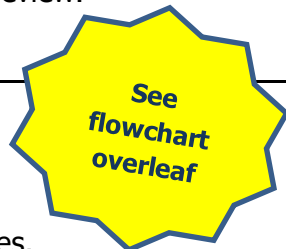
1) EITHER 100mg Hydrocortisone i.v. or i.m. injection followed by 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%
OR 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese)

2) Rapid rehydration with Sodium Chloride 0.9%

3) Liaise with endocrinology team

Scan here for further information or search <https://www.endocrinology.org/adrenal-crisis>

- A list of steroids and doses (prednisolone >5mg/day for 4 weeks or equivalent), which may put patients at risk of adrenal insufficiency has been agreed and is on the intranet at: http://nww.sth.nhs.uk/STHcontDocs/STH_CGP/Endocrinology/SteroidEmergencyCardGuidelines.pdf
- The following information has been added to EPMA for relevant steroid preparations: *'If the patient is on long term steroids consider increasing the dose for the duration of the acute illness; could be at risk of adrenal crisis.'*
- The Safer Procedure Committee is developing a generic procedure checklist which will include prompts to check for risk of adrenal crisis and to establish if the patient has a Steroid Emergency Card.
- A generic patient information leaflet (steroid sick day rules) has been developed which can be adapted for each specialty.
- Sheffield CCG will identify all patients on long term steroids prescribed by their GP, and arrange for the card to be issued (if appropriate) at the patient's next annual review.
- The blue steroid card will no longer be issued to patients.



Actions for prescribers

- STHFT prescribers are responsible for issuing the Steroid Emergency Card to:
 - outpatients on long term steroids at their next scheduled appointment;
 - inpatients admitted on long term steroids who do not have a card; and
 - all patients initiated on 4 weeks or more steroid treatment at relevant doses.
- Prescribers are responsible for ensuring that the new card is issued with supporting information and/or counselling to avoid the risk of patients stopping treatment abruptly due to anxiety about the information on the card. This may be delegated to trained nurse specialists. Pharmacists will provide the supporting information/counselling to outpatients at WPH.
- Outpatient clinics may choose to issue the card directly to patients, or request on the outpatient prescription (available as a prescribable item on EPMA), for it to be issued by the onsite Boots pharmacy (this will be delivered to patients who have attended virtual clinic appointments).
- On discharge, the prescriber will tick the steroid advisory note on the EPMA discharge note in order to:
 - confirm that the patient has received counselling and/or supportive information;
 - populate the discharge note with 'steroid sick rules' for the GP; and
 - request pharmacy to issue a Steroid Emergency Card.

Steroid Emergency Card
As per steroid sick day guidance
ROUTE Supply on discharge

Start date time : 19-Feb-2021 16:00
Prescribed by : Maycock Yvonne

Include Steroid Sick Day Guidance?

Steroid Sick Day Guidance for Patients on Prednisolone 15 mg and above/day and Dexamethasone 0.5mg/day
Patients on or who have been on steroids for a long time, stress, extra steroids are needed

Actions for pharmacy staff

- During medicines reconciliation identify patients at risk of secondary adrenal insufficiency, check steroids are prescribed appropriately and discuss any concerns with the medical team.
- When clinically checking discharge prescriptions for steroids of relevant doses and duration, ensure the steroid advisory note is ticked if the treatment was initiated during the current admission.
- Supply a Steroid Emergency Card with all discharge prescriptions with the steroid advisory note ticked, when requested on an outpatient prescription, or if the patient requests a replacement card.

Further information and advice: Contact the Endocrine Department on ext. 13990 or 13714

