Steroid Prescribing in Palliative Care: Key Messages

Following several serious incidents relating to prescriptions of Dexamethasone in the trust, please find below some key practice points:

- Steroids may be used in palliative care for symptom control
- Dexamethasone is usual steroid of choice in palliative care.
- **Dexamethasone 6mg** is equivalent to **Prednisolone 42mg (6mg x7) orally.**
- Most indications are “off label” and potentially have serious side effects e.g.
  - diabetes mellitus,
  - increased susceptibility to infections
  - significant myopathies
- Always document in/on the medical notes, drug chart and EDN
  - indication for steroids
  - plan for review or down titration.
- Keep to short courses and **lowest effective dose.**
- Review after 5 days when starting steroids if no benefit, stop.
  - If benefit, reduce to the lowest dose that sustains benefit and plan for on-going review.
  - Limit course of steroids to < 3 weeks, where possible, as can be tapered fairly quickly within this duration;
  - Longer courses > 3 weeks will require slower and more prolonged tapering.
- Consider a PPI for the duration of steroid course, review need for PPI when steroids stop
- Clear plan
  - Do not discharge patients on steroids without a clear plan
  - Patients on high dose steroids will need clear instructions for reduction
- Discharge letters should always provide
  - plan for steroid reduction/review
  - clear designation of who is responsible
  - time frame for when this should take place.

Checking sugars

When commencing steroids in hospital or in the community

- **Measure a baseline blood glucose** in patient not known to have diabetes or diet control diabetes
- If blood glucose <11.1mmols they should be educated on the risk of steroid induced hyperglycaemia and possible symptoms discussed (tiredness, fatigue, thirst, dry mouth, frequent need to pass large volumes of urine, genital thrush, blurred vision).
• If they experience these symptoms they will need to be given a **blood glucose machine** and to monitor once daily pre evening meal as blood glucose tend to run high during the day and reverts to single figures the next morning.

• If **blood glucose >11.1 mmols** patient should be given a home **blood glucose monitor** to test for steroid induced hyperglycaemia and same guidance above re symptoms.

• For known diabetics on oral hypoglycaemic agents (OHAs) and/or insulin who are already monitoring their blood glucose at home need to be informed of steroid induced hyperglycaemia and need to **monitor more closely pre meal and pre bed**.

**We would be aiming for diabetic control 6 to 16 mmols.**

• If blood glucose levels **run >16mmols for more than two occasions** in a 24-hour period in any of these groups of patients then **start or increase diabetes medication**.

• **Steroid-induced hyperglycaemia** is usually treated with gliclazide tablets or insulin injections.

**Recommended starting doses are as follows:**

<table>
<thead>
<tr>
<th>Indication:</th>
<th>Dexamethasone starting dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Spinal Cord Compression</td>
<td>16mg OD</td>
</tr>
<tr>
<td>Raised Intracranial Pressure (i.e. brain mets)</td>
<td>16mg OD if severe 8mg OD if mild-mod symptoms</td>
</tr>
<tr>
<td>Liver capsule pain</td>
<td>6mg OD</td>
</tr>
<tr>
<td>Appetite/ fatigue</td>
<td>4mg OD</td>
</tr>
<tr>
<td>Nausea &amp; vomiting (not related to chemo)</td>
<td>6mg OD</td>
</tr>
<tr>
<td>Bowel obstruction</td>
<td>6mg OD subcut</td>
</tr>
<tr>
<td>Airway obstruction/ SVCO (whilst seeking specialist advice regarding investigation and definitive management)</td>
<td>16mg OD</td>
</tr>
<tr>
<td>Pain</td>
<td>6mg OD</td>
</tr>
</tbody>
</table>

• Patients should be educated about the risks/ benefits of steroids and should carry/be provided with a steroid card for the course of their treatment

• **If you are unsure, please seek advice** from treating team, diabetes team or palliative care team, if involved in patient care

• **Treating team via hospital switchboard**
  - Diabetic specialist nurses: Scarborough 01723 342274 York 01904 724938
  - Hospital palliative care team: Scarborough 01723 342446, York 01904 725835
  - Community palliative care team: Scarborough 01723 356043, York 01904 724476

**Owner:** Palliative care team and Diabetes team, **Version 1**, **Review date:** May 2019