

HYDROCORTISONE SICK DAY RULES – STEROID COVER

During normal health and life, when we become ill or suffer injuries our bodies produce increased levels of cortisol to help us survive those stresses.

Now that you are unable to produce your own cortisol, you need to be aware of when to provide an increased cortisol level during stressful times or during ill health. The amount of increase needed, the way the cortisol is given and the length of time the increase is needed will vary depending on the situation you are in.

The table below outlines the more common life events when an increase in cortisol cover would be needed and provides advice as to how long the increase should be for and in what form the cortisol should be given (tablets, injection to muscle or direct into vein).

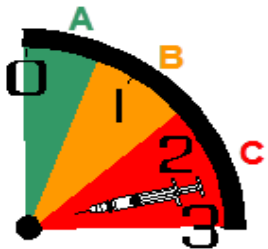
You should always seek medical advice if you have needed to use your emergency injection or if an increased dose of your tablets has not helped to resolve your symptoms.

When do I know that I would need an emergency injection? If you cannot absorb your tablets, or your usual replacement wasn't sufficient for an acute shock or illness. This may happen gradually or perhaps quite quickly. You would feel weak, sickly and light headed.

The cortisol clock below gives approximate times of need for emergency medical help and replacement.

Emergency cortisol replacement peak timings for clinical use

A = period of first feeling unwell (within, or up to, one hour) B = period of increasing illness (failure to retain oral cortisol) (during 2nd hour) C = DANGER ZONE - emergency cortisol injection needed (by the 3rd hour)



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B = Period of increasing illness (failure to retain oral cortisol) (during 2nd hour)

C = DANGER ZONE - emergency cortisol injection needed (by the 3rd hour)

Illness/Situation	Action to take	Level of care needed
Adrenal crisis - weak, dizzy, nausea, faint, loss of consciousness	Have emergency injection if possible dial 999 state adrenal crisis	Urgent - need hospital admission to stabilise
Temperature higher than 38c, signs of infection or proven to have infection (urine tract, chest, tonsillitis etc)	2-3 times all normal doses of Hydrocortisone for duration of infection	GP/Self care, if symptoms not resolved at 48 hours see GP may need antibiotic treatment
Antibiotic treatment for infections	Double all normal doses for duration of antibiotics (usually 3-7 days)	
Vomiting with/without diarrhoea	Take extra dose immediately at onset of vomiting. Emergency 100mg injection if vomiting recurs within 30mins of taking extra dose	Urgent if unable to tolerate fluids and emergency injection used need admission to stabilise GP if able to tolerate fluids and retain oral Hydrocortisone, check Sodium within range. May need anti sickness treatment
Diarrhoea (frequent watery stools)	If no vomiting double all doses of Hydrocortisone until diarrhoea settles, If signs of adrenal crisis follow advice in row 1	Self care/GP Urgent if signs of adrenal crisis
Significant Accident/Falls/Injury	If able double dose H/C as soon as incident happens If significant injury eg broken bone, give emergency injection	Self care Urgent if significant injury as need H/C cover and injury treated
Severe shock- bereavement, road traffic accident, witness to trauma	Take 20mg as tablets if able or double usual dose of prednisolone if able. May need to use emergency injection if shock severe	See GP or hospital for further advice. Sudden and severe shock may be classed as emergency - seek medical attention if in doubt
Long haul flight over 12 hours	Double usual dose on day of flight. One double dose should suffice.	
General stress, exams, etc.	Not usually required. Ask GP if concerned	
Dental treatments e.g. Extraction with anaesthetic e.g. Root canal - local anaesthetic e.g. Filling, dental hygiene	100mg IM just before extraction Double dose 1 hr prior to surgery Double dose 1 hr prior to procedure	Double dose 24 hours then return to normal Double dose 24hr then return to normal Double dose 24 hr then return to normal
Illness/Situation	Action to take	Level of care needed
Surgery Surgery with long recovery - e.g. heart, bowel	100mg IV with anaesthetic, then 100mg IV every 6hrs or 200mg continuous IV over 24hrs until able to eat/drink the double	Tell the anaesthetist and surgeon that you take hydrocortisone before the operation

<p>Surgery with quick recovery - e.g. joint replacement</p> <p>Minor surgery- cataract, hernia</p> <p>Minor surgery with local anaesthetic - mole removal</p>	<p>normal dose for 48hrs, then taper back to normal 100mg IV with anaesthetic, then 100mg IV every 6hrs or 200mg continuous IV over 24hrs until able to eat/drink the double normal dose for 48hrs, then taper back to normal</p> <p>100mg IM pre anaesthetic double normal dose for 24 hrs post surgery then normal doses.</p> <p>Take extra dose 1 hour pre procedure, extra dose 1 hour post procedure then normal doses</p>	<p>Replacement at time of surgery and immediately post operatively should be managed by surgical teams</p>
<p>Colonoscopy/Barium enema</p>	<p>Double your usual dose as soon as the preparatory laxatives take effect and for duration of the preparation.</p> <p>For colonoscopy only: a 100mg injection 30 minutes before procedure to be given by doctor.</p> <p>Take usual dose on morning of procedure. Some centres may want to admit you to hospital the night before to give the bowel prep and provide hydrocortisone cover</p>	<p>Drink lots of water to prevent dehydration. Tell the doctor before procedure that you take hydrocortisone</p>
<p>Gastroscopy</p>	<p>100mg intra muscular or intra venous at start of procedure.</p>	<p>Tell the doctor before procedure that you take hydrocortisone. Double dose for 24 hours.</p>
<p>Cystoscopy</p>	<p>100mg intra muscular immediately pre procedure.</p>	<p>Double dose 24hr then resume as normal. Tell the doctor before procedure that you take hydrocortisone.</p>