Nottinghamshire Area Prescribing Committee

STEROID CARDS

When to issue a Steroid Emergency Card and Steroid Treatment Card
NatPSA Alert August 2020

All patients with primary adrenal insufficiency (AI), such as those with Addison's disease, congenital adrenal hyperplasia and hypothalamic-pituitary damage from tumours or surgery, are steroid dependent. Some patients who are also prescribed oral, inhaled, topical or intra-articular steroids for other medical conditions may develop secondary adrenal insufficiency and be steroid dependent. The risk of AI will increase with cumulative exposure to exogenous steroids (e.g. high-dose inhaled steroids in addition to intra-articular steroids) and/or concomitant prescription of medicines which will increase steroid levels (e.g. protease inhibitors). Additionally, some medicines can independently cause AI (e.g. ketoconazole).

Omission of steroids for patients with adrenal insufficiency can lead to adrenal crisis; a medical emergency which if left untreated can be fatal. Patients with adrenal insufficiency require higher doses of steroid if they become acutely unwell or are subject to major body stressors such as trauma, surgery or infection, to prevent adrenal crisis.

From 13th August 2020 there are now 2 types of steroid alert card a patient over the age of 16 years, may be required to carry:

1. A steroid TREATMENT card (blue/white card), shown in figure 1 below. This is a card containing general advice for patients receiving steroids and also has a place to record the current steroid treatment regimes.
2. A steroid EMERGENCY card, shown in figure 2 below.

Figure 1: Steroid Treatment Card:

Figure 2: Steroid Emergency Card:

Both cards should be issued to a patient who is thought to be at risk of adrenal insufficiency. Please note that there is a separate paediatric steroid card which is not covered in this guideline.

Where to order the cards from

Both cards can be ordered from:
NHS Forms at NHS Business Services Authority (NHS BSA): http://www.nhsforms.co.uk

The steroid emergency card is also available online at:
https://www.endocrinology.org/media/3873/steroid-card.pdf

Who is at risk of adrenal insufficiency?

Please note that a patients risk is cumulative and steroid treatments from all routes must be considered. The risk may also be present up to 12 months after stopping treatment.

Oral glucocorticoids

Medicine	Long-term oral glucocorticoids (≥4 weeks) Dose per day	Short-term oral glucocorticoids (≥3 courses of ≥1 week within the last 12 months **and for 12 months after stopping**)
Beclometasone	≥625 micrograms	5mg
Betamethasone	≥750 micrograms	≥6mg per day
Budesonide	≥1.5mg	12mg
Deflazacort	≥6mg	≥48mg per day
Dexamethasone	≥500 micrograms	≥4mg per day Oncology / Haematology: includes repeated antiemetic courses and for 12 months after stopping – give SEC on 1st cycle Covid-19: if course >10 days
Hydrocortisone	≥15mg	≥120mg per day
Methylprednisolone	≥4mg	≥32mg per day
Prednisone	≥5mg	≥40mg per day
Prednisolone	≥5mg	≥40mg per day

Intra-articular steroids.

Intra-articular / Intramuscular Steroid Injections
≥3 intra-articular/intramuscular glucocorticoid injections within the last 12 months **and for 12 months after stopping.**

Inhaled glucocorticoids

Medicine	Dose per day (**and for 12 months after stopping**)	Inhaled dose per day **PLUS** another form of glucocorticoid treatment (incl. potent/very potent topical, intra-articular, intranasal)
Beclometasone (non-proprietary e.g. Clenil)	Over 1000micrograms per day	Over 800-1000 micrograms per day
Beclometasone (e.g. Qvar, Fostair or Kelhale)	Over 500 micrograms per day	Over 400-500 micrograms per day
Budesonide	Over 1000 micrograms per day	Over 800-1000 micrograms per day
Ciclesonide	Over 480 micrograms per day	Over 320-480 micrograms per day
Fluticasone	Over 500 micrograms per day	Over 400-500 micrograms per day
Mometasone	Over 800 micrograms per day	Over 400-800 micrograms per day.

Topical steroids

≥200g/week of potent/very potent (see below) topical glucocorticoids used across a large area of skin for ≥4 weeks (or where there are factors which might increase absorption) **and for 12 months after stopping.**		
Topical steroid	Strength	Potency
Beclometasone dipropionate	0.025%	Potent
Betamethasone dipropionate (incl. Dalonev, Diprosone, Dovobet, Enstilar, in combination with clotrimazole (incl. Lotriderm) and salicylic acid (incl. Diprosalic))	≥0.05%	Potent
Betamethasone valerate (incl. Audovate, Betacap, Betesil, Betnovate, Bettamousse, in combination with clioquinol, fusidic acid (incl. Fucibet, Xemacort) or neomycin)	≥0.1%	Potent
Clobetasol propionate (incl. Clarelux, ClobaDerm, Dermovate, Etrivex, in combination with neomycin and nystatin	≥0.05%	Very potent
Diflucortolone valerate (incl. Nerisone)	0.1%	Potent
Diflucortolone valerate (incl. Nerisone Forte)	0.3%	Very potent
Fluocinonide (incl. Metosyn)	0.05%	Potent
Fluocinolone acetonide (incl. Synalar and in combination with clioquinol (incl. Synalar C))	0.025%	Potent
Fluticasone propionate (incl. Cutivate)	0.05%	Potent
Hydrocortisone butyrate (incl. Locoid)	0.1%	Potent
Mometasone (incl. Elocon)	0.1%	Potent
Triamcinolone acetonide (incl. Aureocort)	0.1%	Potent

Topical steroids via rectal / genital route

Potent/very potent topical glucocorticoids applied to the rectal or genital areas and used at high dose (>30g per month) for >4 weeks **and for 12 months after stopping.**		
Rectal treatments below contain significant amounts of glucocorticoid (using other rectal formulations would be unlikely to lead to HPA suppression)		
Budesonide enema	Contains 2mg per dose	Budesonide enema
Budesonide rectal foam	Contains 2mg per dose	Budesonide rectal foam
Prednisolone rectal solution	Contains 20mg per dose	Prednisolone rectal solution
Prednisolone suppositories	Contains 5mg per dose	Prednisolone suppositories

Nasal glucocorticoids

A Steroid Emergency Card should be given if the dose exceeds 1000 micrograms per day which is very unlikely in routine practice. Take into account the cumulative risk in conjunction with steroid via other routes.

Steroid eye drops

A Steroid Emergency Card would be needed if the dose of the steroid eye drop exceeded 1000microgams per day, this is very unlikely in routine practice. Take into account the cumulative risk in conjunction with steroid via other routes.

CYP3A4 inhibitors

Patients prescribed steroid at any dose are at risk if they are also prescribed a potent CYP3A4 inhibitor (which can decrease hepatic steroid clearance increasing steroid levels) and these patients should be assessed on a case by case basis and issued with a Steroid Emergency Card.

Potent CYP3A4 inhibitors include the following:

Potent Protease Inhibitors	Antifungals	Antibiotics
Atazanair	Itraconazole	Long course of clarithromycin only
Darunavir	Ketoconazole	
Fosamprenavir	Voriconazole	
Ritonavir (+/- lopinavir)		
Saquinavir		
Tipranavir		

Who should receive steroid cards and 'sick day rule' advice?

The following groups of patients would need a Steroid Emergency Card as well as advice regarding "sick day rules" if unwell outside of hospital.

- Patients taking oral prednisolone 5mg or above (or equivalent dose of other oral glucocorticoids) for more than 4 weeks, and for 12 months after stopping oral steroids.
- Patients receiving intra-articular or intramuscular glucocorticoid injections who also use glucocorticoids by another route (e.g. inhaled steroids, oral steroids etc).
- Concomitant use of CYP3A4 enzyme inhibitors and glucocorticoids (any route of administration except small amounts of topical mild or moderate potency glucocorticoid which should be assessed on a case by case basis)
- Patients with respiratory disease such as COPD and asthma on high dose inhaled steroids receiving repeated courses of oral steroids (3 or more courses over the past 6 months).

Who would need additional steroid cover for incurrent illness, invasive procedures and surgery?

Any patient carrying a Steroid Emergency Card should have steroid cover when acutely unwell or if they have surgery or undergoing an invasive procedure such as endoscopy.

Please note:

- There is no need for these patients to be issued with an emergency hydrocortisone injection kit unless there is specific clinical concern.
- There is increased risk of adrenal insufficiency when steroids are used across multiple routes e.g. intra-articular, oral, inhaled, topical). If there is doubt or clinical concern then a Steroid Emergency Card should be issued.
- In the presence of hypotension, tachycardia, vomiting, hyponatraemia after surgery or an invasive post-procedure, or protracted course of glucocorticoid such as for Covid-19 there should be a low threshold for steroid cover.

Steroid Emergency Cards – Issuing Guidance		
V2.0	Ratified: November 2024	Review date: November 2027

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What is the process for Steroid Card issue?

GP

Confirm medical and drug histories including detailed use of steroid treatment via all routes over the previous 12 months.

- Clinician to issue cards to 'at risk' patients at next scheduled appointment **
- Clinician to provide counselling to patients highlighted as 'at risk' if not already received.
- Clinician to issue steroid cards directly to the patient wherever possible.
- Additional instructions:
  Add a high priority reminder to the patient's homepage "This patient is at risk of adrenal insufficiency"
  Add a script note to the repeat template "Pt issued with a steroid emergency card + date"
  Add read code "Provision of steroid emergency card"
  Alternatively use read code "Has steroid emergency card" and document date and ward / clinic if supplied by secondary care.
  For remote consultations – send a text message including the steroid card if appropriate software in use eg Accu Rx; alternatively use link https://www.endocrinology.org/media/3873/steroid-card.pdf
  if no mobile number post a card and explanatory letter to the patient; or ask patient to collect from GP surgery or community pharmacy

Outpatients

- Clinician to issue cards to 'at risk' patients at next scheduled appointment.
- Clinician to provide counselling to patients highlighted as 'at risk' if not already received.
- Clinician to issue steroid cards directly to the patient wherever possible.
- If the consultation is remote, annotate the prescription with the words 'Please issue steroid cards' for the dispensary to enact. Counselling must have been provided.
- Inform GP of any change.

Inpatients

- Provide steroid cover for acute illness, surgery and significant procedures as per local protocols.
- Clinician to counsel all patients deemed 'at risk'
- Provide cards during in-patient stay if required.
  Annotate TTO with all active and completed steroid treatment administered during hospital stay.
  Inform GP that a card has been issued.

** Practices can use the following PrescQIPP searches available here to identify patients who are potentially affected by this alert. Do not save searches on your clinical systems as it is continually being updated by PrescQIPP.

Pharmacies, both community and hospital will no longer routinely issue steroid cards; this is due to the complexity of the clinical assessment required. The teams will replace lost card and replace damaged cards on request. Steroid cards will only be issued if this is specifically requested by the clinician due to the consultation with the patient being remote and this transaction not being possible in person.

Counselling points for patients

All patients will need to understand the purpose and use of the Steroid Emergency and Steroid Treatment Cards.

Discussion should include but not limited to the following:

1. Which treatments put them 'at risk'.
2. Don't abruptly stop taking any long term steroid treatments.
3. Carry the cards at all time, they are a prompt for healthcare professionals involved in their care.
4. They may require additional treatments or increased doses if they become acutely unwell or are admitted for a procedure.
5. If the patient does not take regular steroids, their risk will return to normal 12 months from stopping treatment.

Additional resources for clinicians and patients

There are also a number of patient resources available, recommended by the Society of Endocrinology:

- Steroid replacement therapy: Information for Patients: LN001539.pdf (leedsth.nhs.uk)
- Pituitary Foundation Sick day rules information: HC-emergency-table-final-signed-off.pdf (pituitary.org.uk)
- Addison's Disease Self Help Group

References

National Patient Safety Alert – Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults.

Adrenal insufficiency and adrenal crisis-who is at risk and how should they be managed safely

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