

PATIENT
STICKER

ALREADY ON STEROIDS

Indication: _____

Type of Corticosteroid: _____

Dose: _____ mg

Does this need monitoring: Yes/No	Comment
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If dose increased on admission follow as for commencing steroids.

COMMENCING STEROIDS

Indication:

Type of Corticosteroid:

Starting Dose: _____ mg

ALL PATIENTS

Gastric protection: Already prescribed/Yes/No

If No, give reason:

Osteoporosis prophylaxis: Yes/No/Not applicable as prognosis < 6 months

If No, give reason:

Date: _____

Name: _____

Signature: _____

Position: _____

MONITORING FOR COMMON SIDE EFFECTS

Blood Glucose Monitoring – document next review date as per guidelines at time of each review.
(If patient diabetic, use usual BM monitoring sheet).

[illegible]

Mouth Care – check weekly.

Week	Date	Comment	Action	Signature
1				
2				
3				
4				
5				
6				
7				

DOSE ADJUSTMENTS - document next review date as per guidelines at time of each review.

Review Date	Dose adjustment	Comment	Signature/designation

DISCHARGE

Steroid Card Given: Yes/No

Steroid Monitoring Sheet Completed: Yes/No

Ongoing review/Advice for discharged patients:

Advice to GP

Advice to district nurses

Advice to hospital consultant

Hospice Follow up arranged

Date: _____

Signature: _____

Name: _____

Position: _____