

Prescribing Steroids in Palliative Care

Complete Once For Each Course of Steroids

Patient Label	Starting date: __ / __ / __ Steroid chosen: Dexamethasone <input type="checkbox"/> Prednisolone <input type="checkbox"/> Starting dose / regimen: __ __ mg __ __ __ __ Route: PO <input type="checkbox"/> S/C <input type="checkbox"/> Started by: Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> GP <input type="checkbox"/>
Indication(s)	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Prior steroids	No <input type="checkbox"/> Yes <input type="checkbox"/> Please detail any previous steroid use:
Initial cautions include <i>(circle Y or N)</i>	Possible actions <i>(see guidelines)</i>
Dyspepsia Peptic Ulcer NSAID/Aspirin Y / N	Consider stopping NSAID +/- PPI for any symptoms
Diabetes Y / N	Monitor blood glucose +/- use reduced steroid dose
Heart Failure Y / N	Monitor oedema
Acute infection Y / N	Optimise antibiotics +/- defer steroids
Previous psychosis Y / N	Add haloperidol as cover +/- reduced steroid dose
Concurrent phenytoin / carbamazepine Y / N	Review anticonvulsants +/- increased steroid dose
Describe any other relevant cautions and any initial actions taken	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Describe the plan for subsequent dose changes	Date of first review __ / __ / __ Expected duration of course: <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Any additional clinical details not already covered sufficiently	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Patient Information Tick and date boxes, once received by the patient Steroid Card <input type="checkbox"/> __ / __ / __ Patient Information Leaflet <input type="checkbox"/> __ / __ / __	

Complete One Column for Each Review of Steroids

Patient details: name _ _ _ _ _ number _ _ _ _ _

Date: of this follow up _ _ / _ _ / _ _

Dose: most recent / current _ _ _ _ _ mg

Steroid Response: overall clinical impression of recent / current benefit attributed to steroids
Pragmatic grading response; ✕ is none; ✓ is minimal; ✓✓ is good; ✓✓✓ is complete

Indication 1

Indication 2

Indication 3

Steroid Toxicity: overall clinical impression of recent / current side effects attributed to steroids
Pragmatic grading of toxicity; – is none; + is mild; ++ is moderate; +++ is severe

Thrush

Dyspepsia

Oedema

Cushingoid

Proximal myopathy

Blood glucose problems

Altered / low mood

Restlessness

Psychosis

Other(s)

Steroid Management Plan

Advised dose _ _ _ _ _ mg

Reason and plans for future dose changes

Date of next review _ _ / _ _ / _ _