

DRAFT REVISED STEROID GUIDELINES SHEET
STEROID RECORD

These are only guidelines – if in doubt, consult a member of medical staff

Indications	Suggested daily dose of dexamethasone
Spinal cord compression	16mg
Cerebral metastases	16mg
SVCO	16mg
Bowel obstruction	8mg
Nausea/vomiting	8mg
Lymphangitis	8mg
Neuropathic/bone pain	8mg
Liver capsule pain	8mg
Appetite/energy/wellbeing	4mg

Dose of steroids should be adjusted according to the individual patient, depending on risk of side-effects, previous steroid doses and response to treatment.

Review

For bowel obstruction and cord compression, review at 3 days.

For all other indications, review at 7 days.

If no benefit, and patient not previously on steroids, stop completely.

If no benefit and patient previously on steroids, reduce to previous dose.

If treatment is effective, continue steroids on a reducing regime.

Drop by 2mg every 5-7 days depending on response. Some patients may need a maintenance dose, and dose should be adjusted according to condition.

Gastric cover for patients with advanced cancer

All patients should also be prescribed a PPI eg lansoprazole 30mg od

Name _____

Diagnosis _____

For patients already on long term steroids:

Indication _____

Does this need monitoring? Yes/No

For patients commencing steroids:

Indication _____

Steroid type and dose _____

Date commenced _____

Gastric cover **Yes/No**

Steroid card given **Yes/No**

Intended treatment plan (including reducing regime)

Date steroids stopped _____

Record progress and changes in medical notes