

## Department of Diabetes and Endocrinology

# Sick Day Rules

### People taking long-term oral replacement steroid therapy (Hydrocortisone or Prednisolone)

If you are vomiting and cannot keep your steroid tablets down: Call 999 immediately.

You must have an intramuscular injection of:

## HYDROCORTISONE 100mg AS SOON AS POSSIBLE

This could save you being admitted to hospital.

If you are not sure what to do, double your usual dose of steroid medication and seek advice.

#### Mild to moderate illness

*(e.g. bad cold, high fever, broken bone)*

Double your dose of steroids for 2 days and then go back to your usual dose.  
For example: if you take hydrocortisone 10mg on waking, 5mg at midday and 5mg in the evening, increase these to 20mg, 10mg and 10mg respectively.\*

#### Severe illness

*(e.g. an infection requiring antibiotics or illness requiring hospital admission)*

Double your dose of steroids for 2 days.\*

If you do not feel better by then, continue taking a double dose until you improve (do not take double the dose for longer than 7 days) and see your doctor.

#### Vomiting / Diarrhoea

If you have vomiting or diarrhoea once, take an extra dose of steroid. If vomiting and/or diarrhoea persists after you have taken the extra steroid dose, give yourself emergency intramuscular steroid injection AND seek urgent medical attention: go to the Emergency Department or call an ambulance via 999. Take your NHS Steroid Emergency Card with you and ensure that the team looking after you know that you are on steroid medication and that you are at risk of adrenal crisis and may need a steroid injection.

#### **\*For people with diabetes and high dose of steroid**

If you have diabetes, please monitor your blood glucose closely while you are on high doses of steroids. Please discuss with your GP or your diabetes team if there are any concerns.

**Please give the hydrocortisone injection yourself if you can. Alternatively call your doctor or 999.**

### Invasive bowel investigation e.g., colonoscopy

Please take double the usual dose of your steroids one hour prior to the bowel preparation, contact Endocrine Specialist Nurses on 01603 286360 if you need clarification.

Ensure the team doing the procedure are aware that your adrenal glands do not work and they should call the endocrinologist for advice if required.

### Minor surgery / dental work under local anaesthesia

Please double your usual dose of steroids for the day of the procedure.

### Major surgery

For general anaesthesia:

- You will require a continuous infusion of hydrocortisone through a drip or an intramuscular injection at the start of surgery and 6 hourly afterwards
- Once you are eating and drinking again, you will go onto double your usual dose for at least 2 days. Once you have fully recovered (for most people this is about 10 days) you can go back to your usual steroid doses.

### Foreign travel

- Carry extra steroid tablets for emergency use. Please keep some in different places in case of lost luggage etc.
- Take an emergency pack of injection hydrocortisone + a syringe and needle with you. Take in your hand luggage.
- You will need a letter confirming that you are carrying injection equipment for a medical condition.

### Preparing for emergencies

- Always have an in-date emergency injection kit available with syringes and needles
- Keep a copy of your NHS steroid emergency card (red border picture at end of letter)
- Make sure you stay hydrated.
- Always wear a Medical ID bracelet or necklace

### If you are unwell with Coronavirus infection (COVID-19)

People who are usually on **hydrocortisone**:

- Please increase your hydrocortisone to 20mg four times daily, (i.e., every 6 hours, e.g., 06:00h, 12:00h, 18:00h, 24:00h).

People who are usually on **prednisolone**:

- Doses of 5-15mg daily – immediately take 10mg prednisolone every 12 hours.

- Doses of >15mg daily – continue to take your usual daily dose but split it into a morning and late afternoon dose of at least 10mg each time.

### Subsequently - for hydrocortisone and prednisolone treatment

- Once the fever has settled and you start to feel much better, the dose can be reduced back to double the usual dose of hydrocortisone or prednisolone.
- Remain on double dose until fully recovered (**please discuss with your GP if you remain on double dose steroids beyond 7 days**)
- If clinical signs and symptoms of coronavirus infection significantly worsen call 111 or 999. Consider using your hydrocortisone injection.

### Additional Information

#### Useful web links

Addison's society <https://www.addisonsdisease.org.uk/>

Society for Endocrinology <https://www.endocrinology.org/>

Pituitary Foundation <https://www.pituitary.org.uk/>

To purchase a Medical Identity bracelet or necklace, please use an internet browser, and type in medical ID bracelet necklace in the search box to see different options available.

### CONTACT NUMBERS

<b>Endocrine Specialist Nurses</b>	<b>Direct line: 01603 286360 or 01603 286286 (DECT phone 7590)</b>
<b>Endocrine Specialist Registrars</b>	<b>01603 286286 (DECT phone 2763)</b>
Dr R Ahluwalia	01603 286769
Dr J Cheung	01603 887946
Professor KK Dhatariya	01603 288170
Professor W Fraser	01603 287094
Dr S Gaur	01603 288523
Dr KS Myint	01603 286313
Dr S Neupane	01603 288523
Professor MJ Sampson	01603 286310
Dr V Srinivas	01603 288520
Dr E Stratos	01603 286769
Dr FM Swords	01603 286771
Dr MM Tisdale	01603 288376
Professor JJ Turner	01603 287094
Dr TM Wallace	01603 288520

## Steroid Emergency Card (Adult)



### IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF

THIS PATIENT IS PHYSICALLY **DEPENDENT** ON DAILY STEROID THERAPY as a critical medicine, to be given/taken as prescribed and never omitted or discontinued; missed doses, illness or surgery can result in adrenal crisis which requires emergency treatment.

Patients not on daily steroid therapy may also require emergency treatment, see reverse of card for links to further information.

Name.....

Date of Birth ..... NHS Number .....

Why steroid prescribed .....

Emergency Contact .....

If calling **999/111** describe symptoms (vomiting, diarrhoea etc) **AND** emphasise this is a likely Addison's/adrenal emergency or crisis

### Emergency treatment of adrenal crisis

- 1) **EITHER** 100mg Hydrocortisone per i.v. or i.m. injection **followed** by 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%  
**OR** 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese)
- 2) Rapid rehydration with Sodium Chloride 0.9%
- 3) Liaise with endocrinology team



Scan here for further information or search  
<https://www.endocrinology.org/adrenal-crisis>