

## When to issue a steroid TREATMENT card or a steroid EMERGENCY card.

Recently issued National guidance<sup>1</sup> promotes a NEW patient-held Steroid Emergency Card to help healthcare staff identify patients with adrenal insufficiency and provide information on emergency treatment.

This means that from 13<sup>th</sup> August 2020 there are now 2 types of steroid alert card a patient may be required to carry:

1. A steroid TREATMENT card (blue card)
2. A steroid EMERGENCY card

### What is the difference?

A steroid *treatment* card (blue card) carries a series of instructions for the patient and informs healthcare professionals to whom the patient shows the card<sup>2</sup>.

The steroid *emergency* card (new card) should be given to all patients with primary adrenal insufficiency and those who are steroid dependent<sup>1</sup> (on a long-term oral steroid). The emergency card may be issued at prescriber discretion for other medical conditions or for those who may develop secondary adrenal insufficiency and become steroid dependent.

Primary adrenal insufficiency patients should be encouraged to register as a steroid-dependant patient with their local ambulance service as patient consent is required. The [SWASFT Special Patient Information Form is available here.](#)

### Where can I find them?

Both the Steroid Treatment Card and the Emergency Steroid Card can be ordered from the usual suppliers<sup>1</sup>:

- a) NHS Forms at NHS Business Services Authority (NHS BSA)  
<http://www.nhsforms.co.uk/>
- b) Primary Care Support England (PCSE online)  
<https://secure.pcse.england.nhs.uk/forms/pcssignin.aspx>
- c) Both cards are available on SystemOne.

The steroid emergency card is available online <https://www.endocrinology.org/media/3703/new-nhs-emergency-steroid-card.pdf>

### Who should issue the steroid treatment card or steroid emergency card?

The prescriber is responsible for issuing the card<sup>1,2</sup>. Its purpose should be discussed with the patient. The prescriber should ensure that the information on the card is kept up to date and should explain the instructions on the card when issuing one to the patient.

When dispensing systemic corticosteroids, check that the patient has a card and that the prescription information recorded on the card is up to date. A new/replacement card should be issued at the point of dispensing, if required. Dispensers should inform the prescriber of any action taken.

### When to give a steroid treatment (blue) card:

#### Oral steroids

- All oral corticosteroids for periods of more than three weeks should receive a steroid treatment card at the outset of treatment<sup>2</sup>.
- For patients on oral corticosteroids for three weeks or less, or those receiving more than four short oral courses per year, a card may be issued at the discretion of the prescriber or pharmacist.

#### Topical and nasal steroids

Only be issued to patients prescribed topical or nasal corticosteroids if considered necessary by the prescriber<sup>2</sup>. This includes dispersible tablets used as mouth rinses and sublingual tablets for treatment of mouth ulcers. Systemic absorption may follow nasal administration particularly if high doses are used or if treatment is prolonged; therefore, also consider the cautions and side-effects of systemic corticosteroids. The risk of systemic effects may be greater with nasal drops than with nasal sprays; drops are administered incorrectly more often than sprays.<sup>3</sup>

### Inhaled steroids

The BNF<sup>4</sup> states that systemic absorption may follow inhaled administration particularly if high doses are used or if treatment is prolonged.

\*Steroid treatment cards should be considered at lower doses if there is concomitant use of:  
(i) intranasal and/or topical corticosteroids; OR  
(ii) medicines that inhibit the metabolism of corticosteroids (cytochrome p450 inhibiting drugs especially ritonavir, itraconazole and ketoconazole).

*Please note:* The ages denote when to give a steroid card and not the licensing of the inhalers. See [www.rightbreathe.com](http://www.rightbreathe.com) for more information. See [www.dorsetformulary.nhs.uk](http://www.dorsetformulary.nhs.uk) for the most up to date formulary information.

### Parenteral steroids

Any patient using injectable steroids e.g. hydrocortisone, for adrenal insufficiency or Addison's disease must be issued with the new Steroid Emergency card by the prescriber.

### Steroid Treatment Card (Blue)

**STEROID TREATMENT CARD**  
**I am a patient on STEROID treatment which must not be stopped suddenly**

- Always carry this card with you and show it to anyone who treats you (for example a doctor, nurse, pharmacist or dentist). For one year after you stop the treatment, you must mention that you have taken steroids.
- If you become ill, or if you come into contact with anyone who has an infectious disease, consult your doctor promptly. If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you do come into contact with chickenpox, see your doctor urgently.
- Make sure that the information on the card is kept up to date.

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### Steroid EMERGENCY Card (new)

**Steroid Emergency Card (Adult)** **NHS**

**IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF**  
**THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.**


Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

Name.....  
Date of Birth ..... NHS Number .....  
Why steroid prescribed .....  
Emergency Contact .....

When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency **AND** describe symptoms (vomiting, diarrhoea, dehydration, injury/shock).

**Emergency treatment of adrenal crisis**

- 1) Immediate** 100mg Hydrocortisone 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>

## When should you give a steroid TREATMENT card for inhaled corticosteroid prescriptions?

Steroid	Adult (> 12 years) TOTAL DAILY DOSE *	Child (2 to 12) TOTAL DAILY DOSE**	Child (< 2 years)	
<b>BECLOMETASONE DIPROPIONATE</b>				
Including CFC-free <b>Clenil Modulite<sup>®</sup></b> , <b>Easyhaler<sup>®</sup></b> , <b>Asmabec<sup>®</sup></b> and <b>Soprobec<sup>®</sup></b>	≥ 800 micrograms daily	≥ 400 micrograms daily	<b>ALL CHILDREN LESS THAN 2 YEARS OF AGE ON INHALED CORTICOSTEROIDS SHOULD BE GIVEN A STEROID CARD</b>	
CFC-free <b>Fostair<sup>®</sup></b> , <b>Fostair<sup>®</sup> NEXThaler<sup>®</sup></b> , <b>Kelhale<sup>®</sup></b> and <b>Qvar<sup>®</sup></b>	≥ 400 micrograms daily	Unlicensed – give with any dose		
<b>Trimbow<sup>®</sup></b>	<b>Only for use in adults over 18 years of age</b> ≥348 micrograms daily	Unlicensed – give with any dose		
<b>BUDESONIDE</b>				
Including <b>Budelin<sup>®</sup></b> , <b>Easyhaler<sup>®</sup></b> , <b>Pulmicort<sup>®</sup></b>	≥ 800 micrograms daily**	≥ 400 micrograms daily		
<b>Fobumix<sup>®</sup></b>	<b>Only for use in adults over 18 years of age.</b> ≥ 640 micrograms	Unlicensed – give with any dose		
<b>Symbicort<sup>®</sup></b> and <b>Duoresp<sup>®</sup></b>	≥ 800 micrograms of budesonide daily	≥ 400 micrograms of budesonide daily		
<b>CICLESONIDE</b>				
<b>Alvesco<sup>®</sup></b>	≥ 320 micrograms daily	Unlicensed – give with any dose		
<b>FLUTICASONE</b>				
<b>Flixotide<sup>®</sup></b> , <b>Flutiform<sup>®</sup></b> , <b>Fusacomb<sup>®</sup></b> , <b>Sereflo<sup>®</sup></b> , <b>Combisal<sup>®</sup></b> , <b>AirFluSal<sup>®</sup></b> , <b>Stalplex<sup>®</sup></b> , <b>Aloflute<sup>®</sup></b> and <b>Seretide<sup>®</sup></b>	≥ 400 micrograms daily	≥ 200 micrograms daily		
<b>Sirdupla<sup>®</sup></b>	<b>Only for use in adults over 18 years of age</b> ≥ 400 micrograms daily	Unlicensed – give with any dose		
<b>Relvar Ellipta<sup>®</sup></b>	<b>Adults (&gt;12 years).</b> All patients should be given a steroid treatment card <sup>5</sup>	Unlicensed – give with any dose		
<b>Trelegy Ellipta<sup>®</sup></b>	<b>Only for use in adults over 18 years of age.</b> All patients should be given a steroid treatment card <sup>5</sup>	Unlicensed – give with any dose		
<b>MOMETASONE furoate</b>				
<b>Asmanex<sup>®</sup></b>	≥ 400 micrograms daily	≥ 200micrograms daily		
**Turbohaler <sup>®</sup> and aerosol inhalation doses can be considered equivalent (SIGN/BTS British Guideline on the Management of Asthma of November 2005); <b>green text</b> = formulary, <b>back text</b> = non-formulary or not on formulary				
<b>References</b> 1. National Patient Safety Alert - Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults; 2. Health Service Circular HSC 1998/056 (Revised National Steroid Treatment Card); 3. Current Problems in Pharmacovigilance, Volume 31, May 2006 London Respiratory team; 4. BNF; 5. <a href="https://www.rightbreathe.com/">https://www.rightbreathe.com/</a> <b>Contact us</b> <a href="mailto:medicine.question@dorsetccg.nhs.uk">medicine.question@dorsetccg.nhs.uk</a>				