

Medicines Management Prescribing Focus – October 2020

Steroid Emergency Card

For the October prescribing focus, the Medicines Management Team in North Yorkshire would like to draw practices' attention to the recent patient safety alert on the new NHS Steroid Emergency Card.

In August, a joint National Patient Safety Alert was issued by the NHS Improvement and NHS England national patient safety team, the Royal College of General Practitioners, the Royal College of Physicians and the Society for Endocrinology, regarding the early recognition and treatment of adrenal crisis in adults.

All patients with primary adrenal insufficiency are steroid dependent. In addition, some patients who take oral, inhaled or topical steroids for other medical conditions may develop secondary adrenal insufficiency and become steroid dependent. The latter includes:

- Patients taking **oral** prednisolone $\geq 5\text{mg/day}$, or dexamethasone $\geq 0.5\text{mg/day}$, or hydrocortisone $\geq 15\text{mg/day}$ for 4 weeks or longer
- Patients taking **inhaled** beclometasone $>1000\text{mcg/day}$ or fluticasone $>500\text{mcg/day}$ (or equivalent)
- Patients taking **nasal** steroids $>1000\text{mcg/day}$
- Patients taking oral prednisolone $>40\text{mg}$ (or equivalent) for longer than 1 week or those who have repeated short courses of oral steroids
- Patients taking a course of oral glucocorticoid within 1 year of stopping long-term therapy

The omission of steroids for patients with primary or secondary adrenal insufficiency can lead to adrenal crisis; a medical emergency which if left untreated can be fatal. If these patients become acutely ill or are subject to major body stressors, such as from trauma or surgery, they require higher doses of steroids to prevent an adrenal crisis.

There is a need to highlight the importance of stress dose steroids for all patients at risk of adrenal crisis during an intercurrent illness. Patient education is a critical part of management of patients with primary adrenal insufficiency and they should be taught 'sick day rules' by the specialist team to increase their oral glucocorticoid if they are unwell.

Recently issued national guidance promotes a new patient-held Steroid Emergency Card to help healthcare staff identify patients with adrenal insufficiency and provide information on emergency treatment if the patient is acutely ill, experiences trauma, surgery or other major stressors.

The alert asks providers to ensure all eligible patients are issued with a Steroid Emergency Card; and to put processes in place to check if a patient has a Steroid Emergency Card ahead of any emergency treatment, elective surgery, or other invasive procedures.

The alert is available in full at:

<https://www.england.nhs.uk/2020/08/steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults/>

Requested Actions for GP practices:

- Practices should review their processes to ensure that prescribers issue a Steroid Emergency Card to all eligible patients (including those on inhaled or nasal steroids) when a steroid prescription meeting the criteria above is initiated
- Prescribers undertaking medication reviews (e.g. when authorising repeat prescriptions) should ensure all eligible patients prescribed steroids have been assessed, and where necessary issue a Steroid Emergency Card
- Where patients would not be due a review of a steroid prescription for some months, a search should be undertaken by the practice to identify such patients, so that a card may be issued
- The issuing of a card by a GP practice should be coded in the clinical system. There is not yet a code available to record the issuing of the new style card, but the existing codes of 'STC1 steroid treatment card' or 'Steroid treatment card issued' may be used for the meantime
- Community pharmacies and GP practices should ensure they supply Steroid Emergency Cards to relevant patients. They should also replace those lost by patients or which become damaged. Supplies of the card can be ordered from Primary Care Support England via their online portal: <https://secure.pcse.england.nhs.uk/forms/pcsssignin.aspx>
- Alternatively, a pdf version of the new card has been sent out with this topic

Messages on the OptimiseRx system will be updated with this advice to assist practices in identifying these patients. The MMT is also working with the local acute Trusts to create a poster depicting which inhalers and nasal sprays would fall into the categories described on page 1. This will be shared with all practices and community pharmacies when complete.

The MMT welcomes further ideas and suggestions that you and colleagues may wish to recommend.

Many thanks

North Yorkshire CCG Medicines Management Team