

FAO: Primary Care colleagues in North Yorkshire and York

Medicines Management Prescribing Focus – April 2024

Steroid Medication Warning Cards for Children and Young People

In 2020, NHS Improvement issued a [National Patient Safety Alert](#) that requires adult patients on long term steroids, or who have received frequent courses of short term steroids, to be given a Steroid Emergency Card (SEC) to carry with them at all times and show on admission to hospital. Local guidance for adults may be found [here](#).

This alert was issued as a result of several incidents where patients had not received their usual steroid medication on admission to hospital and/or had not received appropriate additional steroid therapy for acute illness. All patients with primary adrenal insufficiency are steroid dependent. In addition, patients who take long term oral, inhaled or topical steroids for other medical conditions will develop secondary adrenal insufficiency if the steroid is over a certain dose. Such patients should also be assumed to be steroid dependent. Adrenal crisis is a medical emergency which, if left untreated, can be fatal. Suggested 'sick day rules' for adults may be found [here](#).

Following the 2020 alert for adults, the Neonatal & Paediatric Pharmacists Group (NPPG) in conjunction with the British Society for Paediatric Endocrinology and Diabetes (BSPED) produced a position statement with clear guidance on the two different steroid cards that are available for use for children and young people and the circumstances when each of these cards should be issued.

NPPG Position Statement:

The full statement can be found [here](#) but see below for a summary of the main points:

- It is the responsibility of the prescriber to issue an appropriate steroid card when prescribing a corticosteroid or other drug that may increase the risk of adrenal suppression
- Where appropriate, issue of a steroid card should be accompanied by a verbal explanation of the risks of and how an adrenal crisis may be prevented by having 'sick day rules' plans in place (see page 2 of the BSPED card for 'sick day' steroid treatment regimen)
- In making an assessment as to whether a steroid card is needed, corticosteroid use via all routes of administration should be considered
- Potent CYP3A4 inhibitors (see *Table 4: Commonly encountered potent CYP3A4 inhibitors* in the [NPPG guidance](#)) can increase the risk of adrenal suppression and so prescribers must be alert to concomitant use of these medicines with corticosteroids. Issue of a steroid card is recommended in such circumstances
- Pharmacists and GP dispensing contractors issuing corticosteroids for children and young people should check that the patient/family have received the appropriate steroid card and, if not, issue one if they consider it appropriate to do so, or refer to secondary care for advice.

There are two different cards and which should be used depends on the scenario:

1. **Children with diagnosed adrenal insufficiency receiving steroid replacement therapy** should be given the [Paediatric Steroid Treatment Card](#) by their secondary care team. This includes advice on sick day rules and emergency management of adrenal crisis.

See [BSPED |Patient Information](#) for further information.

2. The BSPED card is not suitable for children and young people potentially at risk of adrenal suppression as a result of receiving corticosteroids for non-replacement indications. Therefore, **children and young people receiving systemic or local/topically applied corticosteroids for treatment of other conditions** e.g. asthma or eczema who are consequently at risk of adrenal suppression should be supplied with a **Blue Steroid Treatment Card** in both primary or secondary care sectors.

Risk of adrenal suppression in this scenario depends on patient age, drug, dose and route of administration (see *Table 1: Recommendations on when a Blue Steroid Treatment Card should be issued* in the [NPPG guidance](#)).

In Primary Care the Blue Steroid Treatment Card can be obtained from [PCSE](#).

Points to consider

- The recommendations provided are based on use of a single glucocorticoid via a single route. Concomitant use of corticosteroids via multiple routes may increase the risk of adrenal suppression and so issue of a blue steroid card in these circumstances should be considered
- The guidance does not prohibit a prescriber or pharmacist issuing a blue steroid treatment card in clinical scenarios where there may be additional clinical concerns due to the presence of other risk factors for adrenal suppression
- When potent cytochrome P450 3A4 enzyme inhibitors are used in combination with exogenous glucocorticoids, there is an increased risk of adrenal suppression. A blue steroid treatment card should therefore be issued to children on a potent CYP3A4 enzyme inhibitor and any form of glucocorticoid treatment.

Please share the information in this document with all relevant members of staff in the Practice.

For any queries or feedback on this topic please contact us via: hnyicb-ny.rxline@nhs.net

The MMT welcomes further ideas and suggestions that you and colleagues may wish to recommend for future prescribing focus editions.

Many thanks,

North Yorkshire and York Medicines Management Team