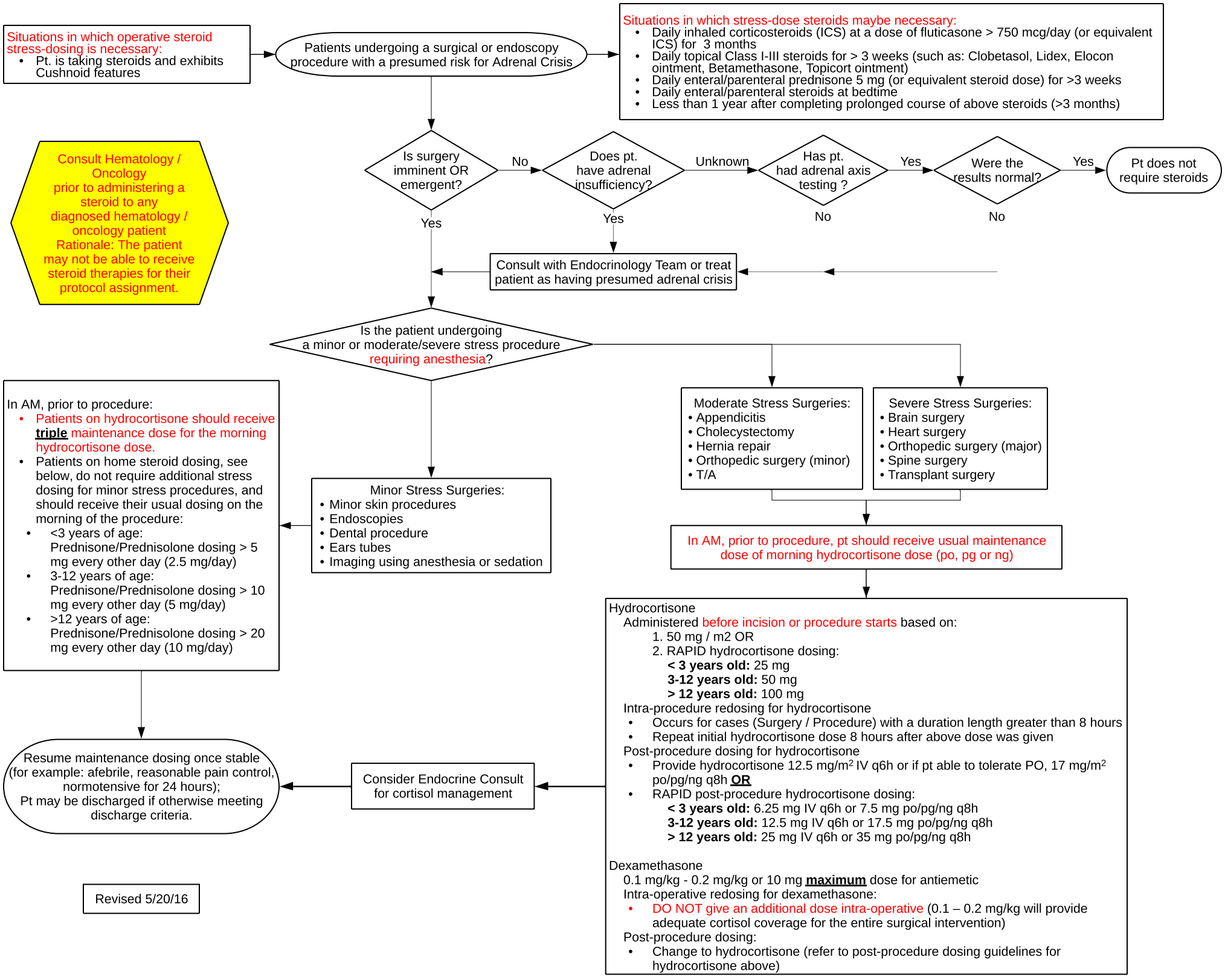
Situations in which operative steroid stress-dosing is necessary:
• Pt. is taking steroids and exhibits Cushnoid features
Patients undergoing a surgical or endoscopy procedure with a presumed risk for Adrenal Crisis
Situations in which stress-dose steroids maybe necessary:
• Daily inhaled corticosteroids (ICS) at a dose of fluticasone > 750 mcg/day (or equivalent ICS) for 3 months
• Daily topical Class I-III steroids for > 3 weeks (such as: Clobetasol, Lidex, Elocon ointment, Betamethasone, Topicort ointment)
• Daily enteral/parenteral prednisone 5 mg (or equivalent steroid dose) for >3 weeks
• Daily enteral/parenteral steroids at bedtime
• Less than 1 year after completing prolonged course of above steroids (>3 months)
Consult Hematology / Oncology prior to administering a steroid to any diagnosed hematology / oncology patient
Rationale: The patient may not be able to receive steroid therapies for their protocol assignment.
Is surgery imminent OR emergent?
No
Does pt. have adrenal insufficiency?
Unknown
Has pt. had adrenal axis testing ?
Yes
Were the results normal?
Yes
Pt does not require steroids
Yes
Yes
No
No
Consult with Endocrinology Team or treat patient as having presumed adrenal crisis
Is the patient undergoing a minor or moderate/severe stress procedure requiring anesthesia?
Moderate Stress Surgeries:
• Appendicitis
• Cholecystectomy
• Hernia repair
• Orthopedic surgery (minor)
• T/A
Severe Stress Surgeries:
• Brain surgery
• Heart surgery
• Orthopedic surgery (major)
• Spine surgery
• Transplant surgery
Minor Stress Surgeries:
• Minor skin procedures
• Endoscopies
• Dental procedure
• Ears tubes
• Imaging using anesthesia or sedation
In AM, prior to procedure:
• Patients on hydrocortisone should receive triple maintenance dose for the morning hydrocortisone dose.
• Patients on home steroid dosing, see below, do not require additional stress dosing for minor stress procedures, and should receive their usual dosing on the morning of the procedure:
• <3 years of age: Prednisone/Prednisolone dosing > 5 mg every other day (2.5 mg/day)
• 3-12 years of age: Prednisone/Prednisolone dosing > 10 mg every other day (5 mg/day)
• >12 years of age: Prednisone/Prednisolone dosing > 20 mg every other day (10 mg/day)
In AM, prior to procedure, pt should receive usual maintenance dose of morning hydrocortisone dose (po, pg or ng)
Hydrocortisone
Administered before incision or procedure starts based on:
1. 50 mg / m2 OR
2. RAPID hydrocortisone dosing:
< 3 years old: 25 mg
3-12 years old: 50 mg
> 12 years old: 100 mg
Intra-procedure redosing for hydrocortisone
• Occurs for cases (Surgery / Procedure) with a duration length greater than 8 hours
• Repeat initial hydrocortisone dose 8 hours after above dose was given
Post-procedure dosing for hydrocortisone
• Provide hydrocortisone 12.5 mg/m2 IV q6h or if pt able to tolerate PO, 17 mg/m2 po/pg/ng q8h OR
• RAPID post-procedure hydrocortisone dosing:
< 3 years old: 6.25 mg IV q6h or 7.5 mg po/pg/ng q8h
3-12 years old: 12.5 mg IV q6h or 17.5 mg po/pg/ng q8h
> 12 years old: 25 mg IV q6h or 35 mg po/pg/ng q8h
Dexamethasone
0.1 mg/kg - 0.2 mg/kg or 10 mg maximum dose for antiemetic
Intra-operative redosing for dexamethasone:
• DO NOT give an additional dose intra-operative (0.1 – 0.2 mg/kg will provide adequate cortisol coverage for the entire surgical intervention)
Post-procedure dosing:
• Change to hydrocortisone (refer to post-procedure dosing guidelines for hydrocortisone above)
Consider Endocrine Consult for cortisol management
Resume maintenance dosing once stable (for example: afebrile, reasonable pain control, normotensive for 24 hours);
Pt may be discharged if otherwise meeting discharge criteria.
Revised 5/20/16