

Prescription sheet for Post-operative Glucocorticoid Replacement in Adult Patients Undergoing Pituitary Surgery Only

AFFIX ADDRESSOGRAPH LABEL HERE								
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Ward	Consultant	Pt. Weight (kg)						

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Guidelines for the use of the Prescription sheet for Post-Operative Glucocorticoid Replacement Following Pituitary Surgery

This chart is intended to be used to prescribe prednisolone replacement therapy before and after transsphenoidal pituitary surgery. Prednisolone prescribing on post-operative days 4 and 5 will be led by the endocrine team since they will have a clear knowledge of why this patient has undergone pituitary surgery. In patients with Cushing's disease, prednisolone will be withheld for longer than in patients undergoing pituitary surgery for other reasons, since accurate interpretation of post-operative day 4 and 5 serum cortisol levels is essential to assess whether early remission has been achieved or not.

Instructions for using the prescription chart

- 1. When completing this prednisolone prescription chart, the prescriber must make a reference to it on the patient's main inpatient prescription chart in the regular section 'see separate 'Post-operative glucocorticoid replacement following pituitary surgery' prescription chart'.
- 2. Intramuscular hydrocortisone and oral prednisolone preparations will be standard pharmacy stock on neurosurgical wards.
- 3. The endocrine team will organise appropriate paperwork and blood sampling for serum cortisol measurement on post-operative days 4 and 5.
- 4. Prescription of prednisolone on post-operative days 4 and 5 will be organised by a senior member of the endocrine team eg SpR, consultant and instructions then relayed to the nursing staff responsible for administering medication to the patient.
- 5. Patients who are not able to take oral medication on post-operative day 2 (eg post-operative vomiting), should *continue* on intramuscular hydrocortisone. In the first instance, concerns can be discussed with the medical SpR on call, who can liaise with an endocrine consultant if required.

The prescription chart specifies hydrocortisone and prednisolone doses and modes of administration for prescription on the day of surgery and for five days post-operatively (where the day of surgery is counted as post-operative day 0). The patient does not need to be nil by mouth on post-operative days 4 and 5 when blood is taken for serum cortisol measurement.

Medicines, bloods for serum cortisol levels (day 0 = day of surgery)

Day 0 50mg qds intramuscular hydrocortisone at 9am, 12 pm (midday), 3pm and 9pm

Day 1 50mg tds intramuscular hydrocortisone at 9am, 3pm, 9pm

Day 2 10mg prednisolone orally at 9am

Day 3 5mg prednisolone orally at 9am

Days 4 and 5

Patient can eat and drink normally (ie not nil by mouth). 9am blood sample for cortisol must be taken before any further prednisolone given. Assessment of patient and decision for prednisolone administration will be organised by Endocrinology SpR/consultant.

See http://www.meeran.info for post-operative pituitary protocols

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