

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

AFFIX ADDRESSOGRAPH LABEL HERE		
SURNAME		
FIRST NAME(S)		
HOSPITAL NUMBER		
DATE OF BIRTH		
Ward	Consultant	Pt. Weight (kg)

Date									
Day of week				Thur	Fri	Sat	Sun	Mon	Tue
Post operative day Day 0 = day of surgery				0	1	2	3	4	5
Time		Dose							
↓		↓							
Drug Hydrocortisone									
	Route IM	Start date	Pharmacy	9am	50mg				
Signature				12pm	50mg				
Print name				3pm	50mg				
Bleep no.				9pm	50mg				
Drug Hydrocortisone									
	Route IM	Start date	Pharmacy	9am	50mg				
Signature				3pm	50mg				
Print name				9pm	50mg				
Bleep no.									
Drug Prednisolone									
	Route Oral	Start date	Pharmacy	9am	10mg				
Signature									
Print name									
Bleep no.									
Drug Prednisolone									
	Route Oral	Start date	Pharmacy	9am	5mg				
Signature									
Print name									
Bleep no.									
Drug Prednisolone									
Dose To be completed by endocrine team	Route Oral	Start date	Pharmacy	Pre- Prednisolone	Cortisol level				
Signature				9am					
Print name									
Bleep no.									
Drug Prednisolone									
Dose To be completed by endocrine team	Route Oral	Start date	Pharmacy	Pre- Prednisolone	Cortisol level				
Signature				9am					
Print name									
Bleep no.									

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 trans-sphenoidal 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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