

Simple Steroid replacement therapy changeover proforma

Clinic Visit No. 1		Initials:	Patient identifier:	Height (metres):
Date:		Waist circumference (cm):	Hip circumference (cm):	Weight (Kg):
General health today:		Current Medications:		
Current glucocorticoid replacement:				
Hydrocortisone / Prednisolone / Other: _____ Dose: _____				
Duration: _____ (minimum 4 months of stable dose)				
Time	PULSE	BP	Protocol	
			<input type="checkbox"/> Request baseline tests today if not done in last month (FBC/CBC, U&Es, Calcium, Phosphate, lipid profile, LFTs, Vitamin D, glucose, HbA1c) <input type="checkbox"/> Complete subjective health questionnaire (www.surveymonkey.com/r/pred375) <input type="checkbox"/> (optional): Urine sample for NTX (ideally 2 nd sample of the day). Sample time: _____ <input type="checkbox"/> (optional): PTH, P1NP, osteocalcin	
<input type="checkbox"/> Provide prescription for alternative therapy from tomorrow (Prednisolone 3.75mg) <input type="checkbox"/> Arrange follow up appointment in 4 months (or appropriate duration)				
1-2 weeks after appointment:				
<input type="checkbox"/> Record blood results (with units) and call patient if dose modification or repeat bloods needed:				
Haemoglobin: _____	Eosinophils: _____	T. Cholesterol: _____	Alkaline phosphatase: _____	
White blood cells: _____	Potassium: _____	HDL: _____	HbA1c: _____	
Neutrophils: _____	Adj. Calcium: _____	LDL: _____	Glucose: _____	
Lymphocytes: _____	Phosphate: _____	Triglycerides: _____	Vitamin D: _____	

Clinic Visit No. 2				
Date:		Waist circumference (cm):	Hip circumference (cm):	Weight (Kg):
General health today:		Current Medications:		
Current glucocorticoid replacement:				
Hydrocortisone / Prednisolone / Other: _____ Dose: _____				
Duration: _____ (minimum 4 months of stable dose)				
Time	PULSE	BP	Protocol	
			<input type="checkbox"/> Request baseline tests today if not done in last month (FBC/CBC, U&Es, Calcium, Phosphate, lipid profile, LFTs, Vitamin D, glucose, HbA1c) <input type="checkbox"/> Complete subjective health questionnaire (www.surveymonkey.com/r/pred375) <input type="checkbox"/> (optional): Urine sample for NTX (ideally 2 nd sample of the day). Sample time: _____ <input type="checkbox"/> (optional): PTH, P1NP, osteocalcin	
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Measuring waist and hip circumferences:

- Two measurements should be taken at each location. If measurements are greater than 1cm in difference, repeat both measurements. Otherwise record the average of both readings.
- Ensure that the tape is “snug” and not too tight or loose. Ensure that the horizontal profile of the tape is parallel to the floor.
- Waist should be measured at the midpoint between the lowest palpable rib and the top of the iliac crest.
- Hip should be measured over the widest part of the buttocks