

## Recommended peri-operative steroid therapy for adults taking exogenous steroids

### Purpose

The aim of this protocol for peri operative management of diabetes mellitus is to avoid hypoglycaemia, excessive hyperglycaemia (>12mmol/L), prevent protein catabolism, lipolysis and electrolyte disorders while the patient is fasting.

### Associated documents

- General Surgery Christchurch Hospital - VTE risk assessment C240158
- Sub Cutaneous Administration Policy Vol 12

### Protocol

Please Note: Prednisone 5mg = hydrocortisone 20mg = dexamethasone 0.75mg = methylprednisolone 4mg

Patients with an intrinsic lack of adrenocorticotrophic hormone (ACTH) or with primary adrenal insufficiency are especially sensitive to acute stress illness. Patients taking supraphysiological doses of steroids (>5-7mg prednisone or equivalent per day) for <3 weeks are unlikely to have significant hypothalamic pituitary adrenal (HPA) axis suppression. Patients on high doses of inhaled glucocorticoids# (>1500mcg beclomethasone or >750mcg fluticasone daily) may have HPA axis suppression.

All patients should take their usual steroid doses on day of surgery (or IV equivalent) and supplementation as outlined below:

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Patients currently taking steroids	≤ 5mg prednisone daily	Assume normal HPA response	Additional steroid cover not usually required.
	> 5mg prednisone daily or high dose inhaled steroids	Minor surgery (eg. hernia repair, tooth extraction, laparoscopic procedures)	Double usual dose oral steroids on day of procedure or 25 mg hydrocortisone IV at induction.
		Moderate surgery eg. hemicolectomy, open cholecystectomy, nephrectomy	50mg hydrocortisone IV at induction then 50mg Q8H for 24 hours and reduce to maintenance over 1-2 days.
		Major surgery eg. AAA repair, whipples, major cardiothoracic surgery, liver resection	50-100mg hydrocortisone iv at induction then 50-100mg Q8H for 48-72 hours and reduce to maintenance over 2-4 days.
		Critically ill eg. shock, sepsis induced hypotension	50-100mg hydrocortisone IV Q8H for 24-48 hrs and taper to maintenance as condition improves, usually 2-4 days.
Patients stopped taking steroids (>5mg prednisone/day)	< 3 months		Check synacthen test* pre-op, if normal no steroids; if urgent procedure treat as if on steroids.
	> 3 months		No peri-operative steroids necessary.

<b>Policy Owner</b>	Clinical Director Anaesthesia
<b>Policy Authoriser</b>	Chief Medical Officer & Executive Director of Nursing
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