

PREDNISOLONE

Trade Name	Redipred® (Aspen Pharma)
Class	Synthetic Glucocorticoid, Corticosteroid
Mechanism of Action	Reduces inflammation by suppressing the activity of polymorphonuclear leucocytes and decreasing capillary permeability.
Indications	Chronic Lung Disease
Contraindications	History of hypersensitivity to prednisolone Acute herpes simplex infection Recent immunisation with live or live attenuated vaccine. Corticosteroids may cause immunosuppression so aim to avoid contact with chickenpox or measles while being treated with prednisolone.
Supplied As	5mg/mL Liquid (30mL bottle)
Dilution	N/A
Dosage	1-2 mg kg/day Calculate a sensible rounded dose (d/w consultant) Continue to give the same dose without increasing for weight eg: if weigh 3kg then recommend a 5mg (1mL) dose daily which is in the middle of the dose range If on steroids for longer than a week the dose will need to be weaned and not stopped abruptly (d/w consultant to recommend an individualised plan and involve endocrinology if long term use)
Interval	Once a day (in the morning) every second day
Administration	Oral with food or milk
Compatible With	Do not mix with other medications.
Incompatible With	Do not mix with other medications
Interactions	Prednisolone may increase levels and or effects of: amphotericin B ciclosporin, frusemide, indomethacin, chlorothiazide and warfarin. Prednisolone may decrease the levels and or effects of: antiababetic agents, calcitriol, isoniazid, salicylates and vaccines. Effects of prednisolone may be increased by azithromycin, clarithromycin, cyclosporin, erythromycin, fluconazole. Effects of prednisolone may be decreased by antacids, echinacea, phenobarbitone and rifampicin

Monitoring	Blood pressure, weight, height, growth, electrolytes, blood glucose levels.
Stability	Unopened: Manufacturers expiry Opened: Discard contents of the bottle 4 weeks after opening.
Storage	Store at room temperature <30 °C. Protect from light.
Adverse Reactions	Headache, sleep disturbance, bruising, skin rash, sweating, hyperglycaemia, gastric ulceration, weight gain, hypertension, oedema, visual disturbances, muscle weakness, osteoporosis.
Metabolism	Well absorbed 70 – 80% protein bound. Primarily metabolised by the liver. Half life 2-4 hours. Eliminated in urine as glucuronide and sulphate conjugated metabolites
Comments	If on long term prednisolone then the dose will need to be weaned due to adrenal suppression. Consult Endocrinology for advice.
References	<ol style="list-style-type: none"> 1. www.medsafe.govt.nz 2. Paediatric and Neonatal Dosage Handbook Taketomo et al. 19th Edition 2012. 3. BNF for Children 2011-2012
Updated By	A Lynn, B Robertshawe, N Austin Feb 2013 A Lynn, B Robertshawe Feb 2021 (routine review)