Responsibilities of Doctors, Nurses and Pharmacists across Primary & Secondary Care in the Care of People with Adrenal Insufficiency

GIG CYMRU NHS WALES

AI Type	Action to be taken by doctors, nurses and pharmacists in primary and secondary care	
Primary, Secondary & Tertiary	Ensure patient: • Attend reviews routinely with endocrinology • Carries National Steroid Treatment Card & Emergency Steroid Card and issue replacement cards. • Has a clinical management plan for management of AI during inter-current illness i.e. "Steroid sick day rules" • Has a management plan for adrenal crisis • Prescribed and issued adequate supplies of oral steroids for dose escalation during illness • Where applicable, patient has an in-date hydrocortisone injection kit and issue a replacement when necessary. • Understands and is comfortable in the management of their condition, particularly following the "steroid sick day rules" by providing any necessary advice and information. • If deemed competent and has capacity can self-administer steroid replacement therapy as a hospital inpatient in accordance with hospital policy to prevent adrenal crisis from delayed or omitted doses.	
Steroid Induced	**Advice dependent on patient risk**	
High risk	Patients taking: • Prednisolone ≥ 5mg or equivalent oral glucocorticoid for > 4 weeks and 12 months after stopping • Intra-articular or intramuscular glucocorticoid injections and use glucocorticoids by another route (e.g. oral, inhaled) • CYP3A4 inhibitors and glucocorticoids via any route (exception mild or moderate topical steroids). • High dose inhaled steroids for respiratory diseases receiving repeated courses of oral steroids (≥ 3 courses over past 6 months)	Provide and/or confirm patient has received: • Advice on medicine use • Adequate supplies of oral steroids for dose escalation during intercurrent illness • National Steroid Treatment Card and information on its content and purpose • Information on adrenal insufficiency, recognition of symptoms of insufficiency and crisis • Information and advice on the management of intercurrent illness whilst taking steroids – Steroid Sick Day Rules • Signposting to doctor, endocrinology or accident and emergency where clinically necessary (e.g. acute illness, symptoms of crisis identified, repeated high morning cortisol levels)
Moderate risk	Patients taking: • ≥3 short-courses of high dose oral steroids within last 12 months or for 12 months after stopping • Repeated courses of dexamethasone as an antiemetic in oncology and for 12 months after stopping • Prolonged courses of dexamethasone (>10 days) for COVID-19 • High dose steroid inhalers, and for 12 months after stopping • Low dose inhaled steroids and other form of glucocorticoid treatment • Topical high dose potent or very potent steroid over large areas, rectal or genital area for ≥4 weeks and for 12 months after stopping	Provide and/or confirm patient has received: • Advice on medicine use • National Steroid Treatment Card and information on its content and purpose • Information on adrenal insufficiency, recognition of symptoms of insufficiency and crisis
Low/negligible risk	Patients taking: • Short course oral steroids • Low dose inhalers only • Low dose or mild potency topical steroids	Provide and/or confirm patient has received: • Counselling on medicine use