



## ADULT MEDICATION GUIDELINE

# Hydrocortisone

<b>Scope (Staff):</b>	All WNHS Staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

### Quick Links

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[Pregnancy and  
Breastfeeding](#)

### Restrictions

[Formulary: Unrestricted](#)

### Medication Class

Corticosteroid

### Presentation

**Tablet:** 4mg, 20mg

**Vial (powder for reconstitution):** 100mg

**Cream:** 0.5%, 1%

**Ointment:** 1%

### Combination Products:

**Ointment:** Hydrocortisone 5mg/g Cinchocaine 5mg/g

**Suppository:** Hydrocortisone 5mg Cinchocaine 5mg

### Storage

Store at room temperature, below 25°C

**Vial:** Protect from light

**Reconstituted solution:** Stable for 24 hours at 2-8°C

## Dose

### **Prophylaxis of adverse reaction to iron infusion (history of previous ADR)**

Refer to KEMH Clinical Guideline: [Iron Therapy - Intravenous](#)

### **Glucocorticoid replacement during surgery**

*For patients usually taking oral corticosteroids who require general anaesthesia.*

#### **IV:**

100mg intravenously, initially, then 50mg intravenously, 6 hourly until oral therapy is tolerated.

### **Nausea and vomiting in pregnancy / Hyperemesis gravidarum**

Refer to KEMH Clinical Practice Guideline: [Pregnancy Care: First Trimester Complications](#)

### **Topical Preparations for inflammatory skin disorders**

#### **Topical Cream/Ointment:**

Apply to the affected area(s) once or twice daily.

Avoid long term daily use – Limit use to  $\leq 7$  days.

Chronic dermatoses – recommended to use 2 to 3 times weekly.

### **Haemorrhoidal conditions, anal fissure, anal pruritis (hydrocortisone + cinchocaine)**

#### **Suppository or ointment:**

3 x daily for first week, after morning stool, noon and evening. Avoid use > 7 days unless prescribed by doctor.

*If longer period of treatment is required;*

Second week: Twice daily after morning stool and evening.

Third week: Once daily after morning stool.

Duration of treatment should, as far as possible, not exceed 3 weeks.

## Administration

### **IM/IV Injection, IV Infusion:**

Refer to the [Australian Injectable Drugs Handbook](#)

### **Ointment (hydrocortisone 0.5, 1%):**

Apply enough to cover affected area.

**Ointment (hydrocortisone + cinchocaine):** Apply a small quantity of ointment (only that necessary to cover the affected area), with the finger, to the painful or pruritic area. For deeper application, attach cannula, gently insert in the rectum to full extent and squeeze tube from the lower end whilst withdrawing.

### **Suppository (hydrocortisone + cinchocaine):**

Insert 1 suppository into the rectum.

## Monitoring

Blood glucose, electrolytes, lipids, weight and BP at baseline, then monitor regularly during treatment.

Watch for signs/symptoms of infection, however, these may be masked.

## Pregnancy

**1<sup>st</sup> Trimester:** Topical: Considered safe to use

Oral, IM, IV: Consider alternative

**2<sup>nd</sup> Trimester:** Considered safe to use

**3<sup>rd</sup> Trimester:** Considered safe to use

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

## Breastfeeding

Considered safe to use

## Related Policies, Procedures & Guidelines

### WNHS Clinical Practice Guidelines:

Clinical Practice Guideline: [Iron Therapy - Intravenous](#)

Transfusion Medicine Protocols: [Management of Transfusion Reactions and Adverse Events](#)

Clinical Guideline: [Severe Vulvitis Associated with Candidiasis](#)

Clinical Practice Guideline: [Pre-operative Medication Management](#)

Clinical Practice Guideline: [Pregnancy Care: First Trimester Complications](#)

Clinical Practice Guideline: [Minor Symptoms or Disorders In Pregnancy](#)

Clinical Practice Guideline: [Postnatal Care \(Routine\): Maternal Postnatal Care](#)

### WNHS Pharmaceutical and Medicines Management Guidelines:

KEMH Pharmaceutical & Medicines Management Guideline: [Medication Administration](#)

## References

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