

ADULT Medication Monograph

HYDROCORTISONE

This document should be read in conjunction with this **DISCLAIMER**

Formulary: Unrestricted

| Class | Corticosteroid | | | |
|--------------|--|--|--|--|
| Presentation | Tablet: 20mg | | | |
| | Vial (powder for reconstitution): 100mg | | | |
| | Cream: 0.5%, 1% | | | |
| | Ointment: 1% | | | |
| | Combination Products: | | | |
| | Cream: Hydrocortisone 1% with Clotrimazole 1% | | | |
| | Ointment: Cinchocaine 5mg/g Hydrocortisone 5mg/g | | | |
| 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: <u>Iron Therapy - Intravenous</u> | | | |
| | 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 gravidarun | | | |
| | Refer to KEMH Clinical Practice Guideline: Pregnancy Care: First Trimester Complications | | | |
| | Topical Preparations for inflammatory skin disorders: | | | |
| | Apply to the affected area(s) once or twice daily. Avoid long term daily use – 2 to 3 times weekly for chronic dermatoses is | | | |

| | recommended. | | | |
|---------------------|--|--|--|--|
| Administration | Reconstitution of powder for injection: | | | |
| | Reconstitute with 2mL of water for injections (WFI) or sodium chloride 0.9% | | | |
| | IM injection: Suitable | | | |
| | IV injection: | | | |
| | Inject undiluted over 30 seconds to 5 minutes (100mg dose) | | | |
| | For doses over 500mg, dilute with 10mL of WFI or sodium chlorid 0.9% and inject over 10 minutes | | | |
| | IV infusion: | | | |
| | Dilute the dose to a maximum concentration of 1mg/mL with a compatible fluid, and infuse over 20 minutes to 4 hours. | | | |
| | In fluid-restricted patients, doses up to 3g may be added to 50mL a compatible fluid (60mg/mL). | | | |
| | Compatible fluids: Glucose 5%, glucose in sodium chloride solutions, Hartmann's, Ringer's or sodium chloride 0.9% | | | |
| Pregnancy | 1 st Trimester: Considered safe to use (Topical) | | | |
| | Consider alternative (Oral, IM, IV) | | | |
| | 2 nd Trimester: Safe to use | | | |
| | 3 rd Trimester: Safe to use | | | |
| | For more information, please contact KEMH Obstetric Medicines Information Service. | | | |
| Breastfeeding | Considered safe to use | | | |
| Monitoring | Blood glucose, electrolytes, lipids, weight and BP at baseline, then monitor regularly during treatment | | | |
| Clinical Guidelines | KEMH Clinical Guidelines: | | | |
| and Policies | Clinical Practice Guideline: <u>Iron Therapy - Intravenous</u> | | | |
| | 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 | | | |

| | KEMH Pharmaceutical & Medicines Management Guidelines: KEMH Pharmaceutical & Medicines Management Guideline: Medication Administration | |
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| Keywords: | Hydrocortisone, corticosteroids, glucocorticoids, adverse drug reaction | | | | |
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| Standards Applicable: | NSQHS Standards: 1 Governance, 4 Medication Safety | | | | |

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For any enquiries relating to this guideline, please email KEMH.PharmacyAdmin@health.wa.gov.au

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