Oral Steroid Prescribing for Respiratory Conditions

**ASTHMA** Give steroids in adequate doses in all cases of acute asthma attack

**Adults:** Prednisolone 40-50 mg daily orally for at least 5 days or until recovery (ie. 8-10 x 5mg tablets)

**Children:**

<table>
<thead>
<tr>
<th>Age of child</th>
<th>Dosage</th>
<th>Duration of treatment</th>
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</thead>
<tbody>
<tr>
<td>Under 6 years</td>
<td>20mg daily</td>
<td>Up to 3 days for</td>
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<tr>
<td>6 years and upwards</td>
<td>40mg daily</td>
<td>all ages</td>
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1. Doses do not need tapering and can be stopped abruptly.
2. Standard prednisolone tablets can be dissolved in a small amount of water or squash, or can be crushed and added to soft food (significantly more cost effective than soluble prednisolone tablets)

*Recommendations from British Thoracic Society for management of Asthma, September 2016.*

**COPD Exacerbation** NICE Guidelines for management of COPD 2010 (reviewed 2016, updated guidelines expected in 2018)

**Prednisolone 30mg daily orally for 7-14 days** in the absence of significant contraindications to oral corticosteroids.

1. It is recommended that a course of corticosteroid treatment should not be longer than 14 days as there is no advantage in prolonged therapy.
2. Gradual withdrawal of systemic corticosteroids should be considered in those whose disease is likely to relapse and have:
   - received more than 40 mg of Prednisolone daily for more than a week
   - received more than 3 weeks of treatment
   - recently received repeated courses
   - other possible cause of adrenal suppression

**CROUP** Give all children with mild, moderate, or severe croup a single dose of: **oral prednisolone 1–2 mg per kg body weight** (widely available in primary care unlike dexamethasone). Consider giving a second dose if residual symptoms of stridor are still present the following day. Note: second dose is not recommended in geographically isolated rural Herefordshire as it is a clinical risk to have a child at home with stridor. For moderate/severe croup (ie any child with resting stridor) admit directly to paediatrics.

**OR**

**oral dexamethasone 0.15 mg per kg body weight.** If it is not possible to weigh the child then as a rough guide the dose would be 1.5–2 mg for a child of average size aged 12–15 months and 2–3 mg for a child of average size aged 3–4 years. **Note: Dexamethasone is not widely available in primary care ie not in the OOH drug bag formulary nor likely to be available via FP10s at community pharmacies but is available in secondary care.**

* NICE CKS 2017 and local paediatric advice