

**Prescription sheet for Post –
 Operative Hydrocortisone
 Replacement in Adult Patients
 Undergoing Pituitary Surgery only**

AFFIX ADDRESOGRAPH LABEL HERE

SURNAME
 FIRST NAME(S)
 HOSPITAL NUMBER
 DATE OF BIRTH

Ward	Consultant	Pt. Weight (Kg)
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Date		Thur	Fri	Sat	Sun	Mon	Tue
Day of week							
Post operative day Day 0 = day of surgery		0	1	2	3	4	5
Time	Dose						
	↓						
Drug Hydrocortisone							
Route IM	Start date	Pharmacy	9am	50mg			
Signature			12pm	50mg			
			3pm	50mg			
Print name		Bleep no.	9pm	50mg			
Drug Hydrocortisone							
Route IM	Start date	Pharmacy	9am	50mg			
Signature			3pm	50mg			
Print name		Bleep no.	9pm	50mg			
Drug Hydrocortisone (Please see Guidelines if patient vomiting/unwell)							
Route Oral	Start date	Pharmacy	9am	20mg			
Signature			12pm	10mg			
Print name		Bleep no.	4pm	10mg			
Drug Hydrocortisone			9am	10mg			
Route Oral	Start date	Pharmacy	12pm	5mg			
Signature							
Print name		Bleep no.					
Drug Hydrocortisone			Pre- hydrocortisone	Cortisol level			
Dose To be completed by endocrine team	Route Oral	Start date	Pharmacy	9am			
Signature				12pm			
Print name		Bleep no.		4pm			
Drug Hydrocortisone			Pre- hydrocortisone	Cortisol level			
Dose To be completed by endocrine team	Route Oral	Start date	Pharmacy	9am			
Signature				12pm			
Print name		Bleep no.		4pm			

Approved by DTC: xxxx
 Review Date: xxxx

Guidelines for the use of the Prescription sheet for Post-Operative Hydrocortisone Replacement Following Pituitary Surgery

This chart is intended to be used to prescribe hydrocortisone replacement therapy before and after trans-sphenoidal pituitary surgery. Hydrocortisone prescribing on post-operative days 4 and 5 will be led by the endocrine team since they will have a clear knowledge of why this patient has undergone pituitary surgery. In patients with Cushing's disease, hydrocortisone will be withheld for longer than in patients undergoing pituitary surgery for other reasons, since accurate interpretation of post-operative day 4 and 5 serum cortisol levels is essential to assess whether early remission has been achieved or not.

Instructions for using the prescription chart

1. When completing this hydrocortisone prescription chart, the prescriber must make a reference to it on the patient's main inpatient prescription chart in the regular section 'see separate 'Post-operative hydrocortisone replacement following pituitary surgery' prescription chart'.
2. Intramuscular and oral hydrocortisone preparations will be standard pharmacy stock on neurosurgical wards.
3. The endocrine team will organise appropriate paperwork and blood sampling for serum cortisol measurement on post-operative days 4 and 5.
4. Prescription of hydrocortisone on post-operative days 4 and 5 will be organised by a senior member of the endocrine team eg SpR, consultant and instructions then relayed to the nursing staff responsible for administering medication to the patient.
5. Patients who are not able to take oral medication on post-operative day 2 (eg post-operative vomiting), should *continue* on intramuscular hydrocortisone. In the first instance, concerns can be discussed with the medical SpR on call, who can liaise with an endocrine consultant if required.

The prescription chart specifies hydrocortisone doses and modes of administration for prescription on the day of surgery and for five days post-operatively (where the day of surgery is counted as post-operative day 0). The patient does not need to be nil by mouth on post-operative days 4 and 5 when blood is taken for serum cortisol measurement.

Medicines, bloods for serum cortisol levels (day 0 = day of surgery)

Day 0 50mg qds intramuscular hydrocortisone at 9am, 12 pm (midday), 3pm and 9pm

Day 1 50mg tds intramuscular hydrocortisone at 9am, 3pm, 9pm

Day 2 20mg hydrocortisone orally at 9am, 10mg hydrocortisone orally at 12pm, 10mg hydrocortisone orally at 4pm

Day 3 10mg hydrocortisone orally at 9am, 5mg hydrocortisone orally at 12pm.

Days 4 and 5

Patient can eat and drink normally (ie not nil by mouth). 9am blood sample for cortisol must be taken before any further hydrocortisone given. Assessment of patient and decision for hydrocortisone administration will be organised by Endocrinology SpR/consultant.

See <http://www.meeran.info> for post-operative pituitary protocols

Niamh M Martin
Consultant in Endocrinology
27th October 2008