

An Audit of Steroid-prescribing in the Inpatient Unit at The Prince and Princess of Wales Hospice

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Background:

Corticosteroids are commonly prescribed in palliative care for a number of indications. Whilst they may bring symptomatic benefit, there are several potential adverse effects. Prescribing clinicians should be clear that the benefit of treatment outweighs the risk and this should remain under regular review.

The NHSGGC Medicines Reconciliation Policy states that an indication and duration of treatment should be recorded within 24 hours of admission for patients already on steroids. Regular audits of prescribing in the Inpatient Unit (IPU) at PPWH had demonstrated that this standard was not being achieved for the majority of patients (88% non-compliance on the IPU Kardex Audit 21/1/19).

Aims:

- To ensure that 100% of steroid prescriptions in the Inpatient Unit comply with prescribing criteria set out in the NHSGGC Medicines Reconciliation Policy.
- To introduce a steroid-prescribing pro forma to accompany the drug Kardex, which prompts prescribers to review steroid prescriptions regularly and to evaluate the risk and incidence of adverse effects.



Methods

An audit of drug Kardexes of patients admitted to the Inpatient Unit at PPWH was performed over two separate 3-month periods.

February – April 2019 – Cycle 1 of data collection

Introduction of Steroid-prescribing pro forma June 2021

June – September 2021 – Cycle 2 of data collection

Criteria Assessed:

- Steroids prescribed prior to or during admission
- Indication for steroid-prescribing on Kardex
- Duration of treatment or review date recorded
- Recorded within 24 hours of admission



Steroid Prescribing in Palliative Care

Patient Details – affix label

Course start date: _____

Steroid: Dexamethasone / Prednisolone

Starting dose: _____ mg / _____ mg

Route: Oral / SC

Started by: Hospice Hospital CNS GP

*Complete once for each course of steroids.
Please circle as appropriate.*

Indications (1) _____
(2) _____
(3) _____

History of Steroid Use Yes - please detail date/indication/dose/side effects
 No

| Cautions | Possible Actions |
|--|---|
| Dyspepsia / peptic ulcer / NSAID / Aspirin | Y / N Consider stopping NSAID +/- PPI |
| Diabetes | Y / N Monitor blood glucose +/- ↓ steroid dose |
| Heart failure | Y / N Monitor oedema |
| Acute infection | Y / N Optimise antibiotics +/- defer steroids |
| Previous psychosis | Y / N Add Haloperidol cover +/- ↓ steroid dose |
| Concurrent phenytoin/carbamazepine | Y / N Review anticonvulsants +/- ↑ steroid dose |
| Other – please specify | |

Treatment Plan *Dosing/duration/reduction*

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WEEKLY STEROID TREATMENT REVIEW

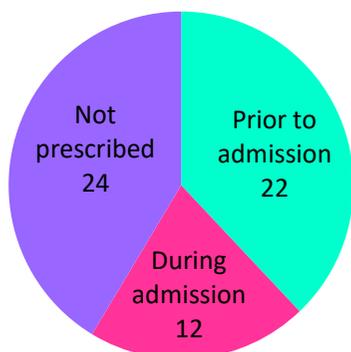
| Date | _____ | _____ | _____ | _____ |
|--|--|--|--|--|
| Current dose | _____ mg / _____ mg |
| RESPONSE (0 = no response, 1 = minimal response, 2 = good response, 3 = complete response) | | | | |
| Indication 1 | | | | |
| Indication 2 | | | | |
| Indication 3 | | | | |
| STEROID TOXICITY (0 = no toxicity, 1 = mild toxicity, 2 = moderate toxicity, 3 = severe toxicity) | | | | |
| Thrush | | | | |
| Dyspepsia | | | | |
| Oedema | | | | |
| Cushingoid features | | | | |
| Proximal myopathy | | | | |
| High blood glucose | | | | |
| Mood changes | | | | |
| Sleep disturbance | | | | |
| Agitation | | | | |
| Psychosis | | | | |
| Other | | | | |
| STEROID MANAGEMENT PLAN | | | | |
| Dose | _____ mg / _____ mg |
| Review date | | | | |
| Kardex Updated | <input type="checkbox"/> Duration <input type="checkbox"/> Indication <input type="checkbox"/> Review date | <input type="checkbox"/> Duration <input type="checkbox"/> Indication <input type="checkbox"/> Review date | <input type="checkbox"/> Duration <input type="checkbox"/> Indication <input type="checkbox"/> Review date | <input type="checkbox"/> Duration <input type="checkbox"/> Indication <input type="checkbox"/> Review date |
| Clinician signature | | | | |
| DISCHARGE PLANNING | | | | |
| Steroid card given – Y / N | | | | Date: _____ |
| Plan for review/dose reduction on discharge: | | | | |
| Clinician Signature: _____ | | | | |

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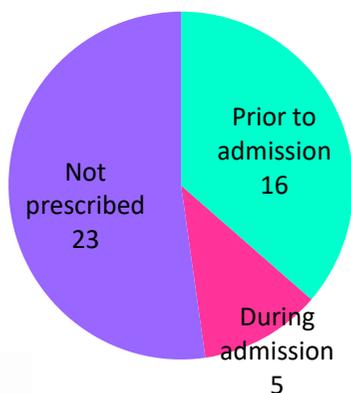
Results

There were 58 admissions to the IPU during Cycle 1 and 44 during Cycle 2. In Cycle 1, 34 patients (59% of admissions) were prescribed steroids, with 22 prescriptions started prior to admission and 12 during the admission. In Cycle 2, 21 patients (48% of admissions) were prescribed steroids, with 16 courses started prior to admission and 5 during the admission.

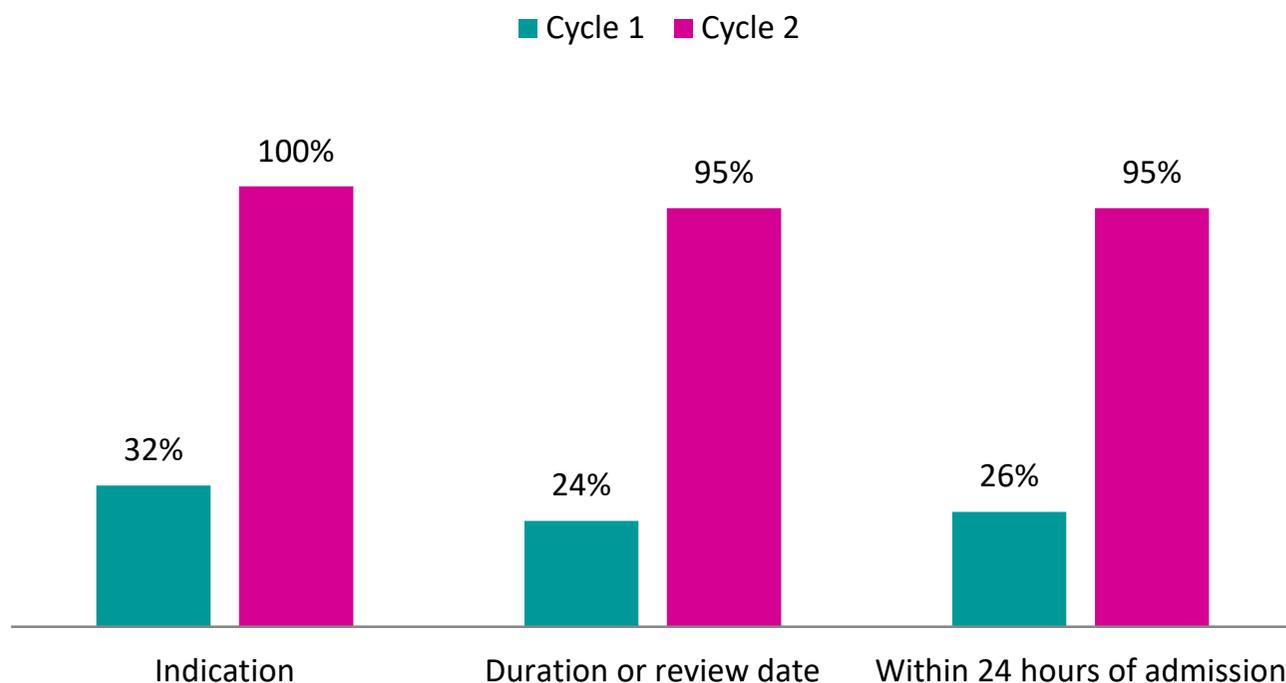
Steroids Prescribed - Cycle 1



Steroids Prescribed - Cycle 2



Information Recorded on Kardex



Conclusions

- The introduction of a steroid-prescribing pro forma in the IPU at PPWH correlated with a substantial increase in compliance with prescribing criteria as set out in the NHS GGC Medicines Reconciliation Policy.
- Therefore, we will continue to use the pro forma in the IPU going forward.
- Re-audit is recommended to ensure sustained compliance.
- As the standard of 100% compliance with prescribing criteria was not attained, there is room for improvement and this will be fed back to prescribers in the unit.
- A higher proportion of patients were prescribed steroids in Cycle 1 (59%) vs Cycle 2 (48%). As sample sizes were small, it is not possible to comment on whether this reflects a change in prescribing practice, however this could be evaluated over a longer period to ascertain whether patterns of prescribing have changed.

References:

NHS Greater Glasgow and Clyde Policy on Medicines Reconciliation in Hospital
Medicines Management Inpatient Unit Audit Standards PPWH

