








# Hydrocortisone

## Parenteral Corticosteroid





### Indications / Scope of Practice

	ICP
Asthma	 IM/IV/IO
COPD	
Anaphylaxis	
Acute adrenal insufficiency	

### Patient Factors

-  Single dose via Act-O-Vial system (powder compatible with saline or water for injection)
-  See medication calculator for paediatric dilution and doses
-  In acute adrenal insufficiency follow patient management plan if available
-  In asthma, COPD or anaphylaxis, administer if no steroids in past 24 hrs:
  -  if uncertain about last dose, administer as per CPG
-  Ensure reconstituted injection solution is free of particulate matter
-  In anaphylaxis hydrocortisone should not be prioritised over adrenaline

### Efficacy & Safety

-  Onset of action 10 mins
-  Duration of action 6-12 hrs
-  Significant adverse effects only seen with chronic, high doses include:
  -  adrenal suppression, osteoporosis, fractures, psychiatric effects including delirium