

Review Due: Nov 2028

Management of children on replacement corticosteroids Paediatric Summary Clinical Derby and Burton

Reference no.: CH CLIN G63

Advise: Refer to full guideline as guidance has changed

Child on replacement corticosteroids. Unwell, vomiting, pyrexial or history of trauma At risk of hypoglycaemia, cardiovascular instability, electrolyte disturbance and seizures Check bedside and lab glucose and electrolytes If BGL <3.0mmol/l and tolerating If BGL <3.0mmol/I and vomiting fluid give: give 2mls/kg 10% glucose <1yr: 20mls Lift rapidly via large vein. Repeat 1-5yrs: 40mls Lift or 115mls after 15mins if BGL still Lucozade <3.0mmol/l Over 6 years: 80mls Lift or 220mls Lucozade Child remains drowsy, tachycardic, hypotensive or has reduced capillary return give 10mls/kg 0.9% saline bolus Start IV 5% glucose, 0.9% saline and potassium as maintenance fluids (CH CLIN G44) Give hydrocortisone IV 2-4mg/kg every 6 hours or IM if no access: <1 yr: 25mg 1-5 yrs: 50mg 6 yrs and over: 100mg

If child on growth hormone, continue with usual dose. If taking DDAVP discontinue until UE known. Observe for at least 12 hrs with hourly BGL until eating, drinking and normoglycaemic. Return to oral hydrocortisone at higher dose of 30mg/m²/day (QDS). Discharge on this dose, family should return to usual doses once child has recovered from illness