



Implementation of National Patient Safety Alert - Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults – SystmOne guide

Background

A National Patient Safety Alert was published in August 2020 by NHS England and NHS Improvement's national patient safety team, this is supported by the Royal College of General Practitioners (RCGP), the Royal College of Physicians (RCP) and the Society for Endocrinology.¹ The full details are available via this [link](#).

The directive is to issue a NHS Steroid Emergency Card to all patients with adrenal insufficiency or steroid dependence as they are at risk of an adrenal crisis during intercurrent illness or an invasive procedure/surgery if not managed appropriately. The steroid emergency card has been designed to support early recognition and treatment of adrenal crisis in adults.¹

This card is intended for use in adults. A separate card for children who are on adrenal replacement treatment is available from the British Society for Paediatric Endocrinology and Diabetes [link](#)

Actions

The alert specifies that practices should complete the following actions as soon as possible and no later than **13 May 2021**²

- All organisations that initiate steroid prescriptions should review their processes/ policies and their digital systems/software and prompts to ensure that prescribers issue a Steroid Emergency Card to all eligible patients, as outlined in new guidance.
- Prescribers undertaking standard/scheduled reviews (e.g. in clinics or when authorising repeat prescriptions) should review their processes/policies and their digital systems/software and prompts to ensure all eligible patients prescribed steroids have been assessed, and where necessary issue a Steroid Emergency Card.

NHS Steroid Emergency Cards should be given to:

- All adults with adrenal insufficiency, such as those with Addison's disease, congenital adrenal hyperplasia, and hypothalamo-pituitary damage from tumours or surgery that are steroid dependent.
- All patients receiving exogenous steroids at a dose of prednisolone 5mg/day or equivalent for 4 weeks or longer. This is across all routes of administration (oral, topical, inhaled or intranasal) as they are also at risk of adrenal insufficiency.
- Patients taking inhaled beclomethasone >1000mcg/day or equivalent or fluticasone >500mcg/day or equivalent this is because they are at risk of adrenal insufficiency due to hypothalamo-pituitary axis suppression.
- Patients taking more than 40mg prednisolone per day or equivalent for longer than 1 week or repeated short courses of oral doses. e.g. patients on rescue treatment for asthma or COPD.

This edition is also available on the Primary Care Portal



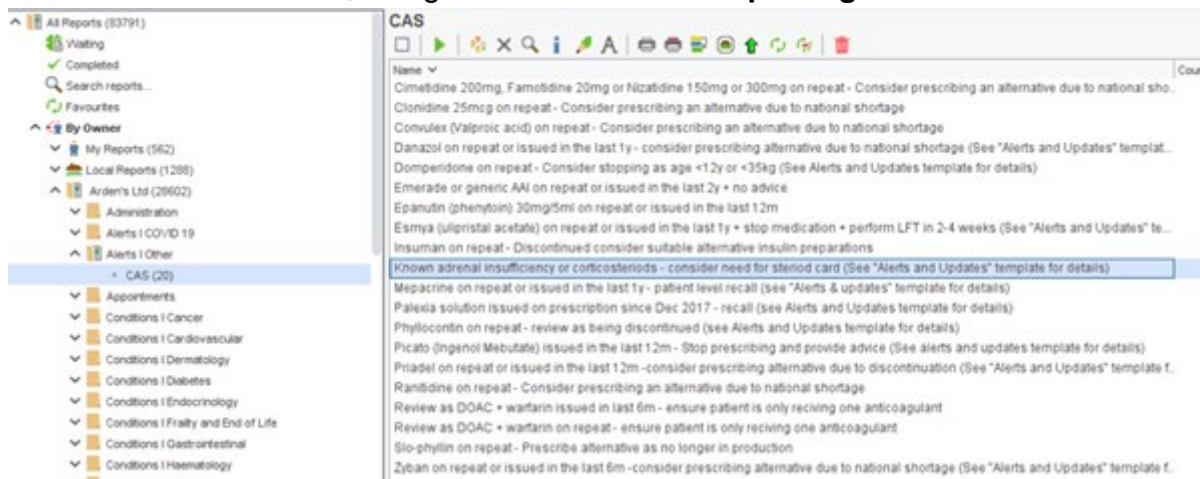
- Patients taking a course of oral glucocorticoid within a year of stopping long term (months or years) therapy.
- Patients taking drugs that affect CYP3A4 (CP450) metabolism with a steroid treatment. Clinicians should have a high degree of clinical suspicion and give stress doses of hydrocortisone if there is any concern with regards to the development of an adrenal crisis during an intercurrent illness or a procedure in these patients.

Dose conversion charts are available in the [PrescQIPP Hot Topic](#) or from [Specialist Pharmacy Services](#)

Identifying patients who require a NHS Steroid Emergency Cards

Ardens searches are available on SystmOne to identify patients who should be given a NHS Steroid Emergency Card. These searches will identify patients with a diagnosis of adrenocortical insufficiency or have had multiple issues of a corticosteroid recently (including oral, injection, rectal or inhaled) who have not had the read code “Steroid treatment card issued (XaVxK)” entered in the last year.

To access the searches, navigate to the **Clinical Reporting > Ardens Ltd > Alerts | Other > CAS**



Use this search to identify patients who should be given a NHS Steroid Emergency Cards. There is an Ardens template available for the patient review and to issue a card. Please see below.

Please note this search looks for patients using high dose inhaled corticosteroid by searching for the read code “Using inhaled steroids - high dose (663g2)”. **The search does not search for inhalers on repeat or acute issues. Therefore patients using a high dose inhaled corticosteroid must be read coded with “Using inhaled steroids - high dose (663g2)”.**

Separate searches are available to identify patients using a high dose inhaled corticosteroid who do not have the “Using inhaled steroids - high dose (663g2)” read code. This step must be completed to ensure these patients are not missed from the CAS Alert search above. The searches can be located under:

This edition is also available on the Primary Care Portal



Clinical Reporting > Ardens > Prescribing Respiratory > ICS | ?Record 'Using inhaled steroids - high dose' as high dose on repeat

Clinical Reporting > Ardens > Prescribing Respiratory > ICS | ?Review 'Using inhaled steroids - high dose' as not high dose repeat

Name	Count	%	Last Run	Flags
Azithromycin Results Red - ALT >150 (no LFT review for >4w)				
B-Blocker Stop as asthma + not checked in last 1y				
B-Blocker Stop non-cardioselective B-Blocker as COPD + no review in last 1y				
Beclometasone Review inhaler prescribed generic in last 1y				
Corticosteroid Issue steroid card as >3 issues of OCS or on high dose inhaler				
Corticosteroid Issue steroid card as on high dose inhaler				
Corticosteroid Issue steroid card as on repeat or >3 issues in last 8m (not inhaled)				
ICS ?Record 'Using inhaled steroids - high dose' as high dose on repeat				
ICS ?Review 'Using inhaled steroids - high dose' as not high dose repeat				
Inhaled antimuscarinic Review as has closed-angle glaucoma				
LABA Review as no ICS in asthma				
Montelukast Decrease dose as 10mg + age <15yr				
Montelukast Increase dose as 4mg + age >6yr				
Montelukast Review dose as 5mg + age <6yr or >14yr				
Pirfenidone Results Amber - ALT 100-150 (no LFT review for >12w)				
Pirfenidone Results Red - ALT >150 (no LFT review for >4w)				
Theophylline Results Amber - ALT 100-150 (no LFT review for >12w)				
Theophylline Results Amber - K+ 3-3.3 (no U+E review for >12w)				
Theophylline Results Red - ALT >150 (no LFT review for >4w)				
Theophylline Results Red - K+ <3 (no U+E review for >4w)				

Run each of these searches and review and read code as appropriate.

- Any patients in the search **ICS | ?Record 'Using inhaled steroids - high dose' as high dose on repeat** will have a high dose inhaled corticosteroid on repeat and should have the read code “Using inhaled steroids - high dose (663g2)” added.
- Any patients in the search **“ICS | ?Review 'Using inhaled steroids - high dose' as not high dose repeat”** have the read code “Using inhaled steroids - high dose (663g2)” in the record but do not have a high dose inhaled corticosteroid on repeat. The read code should be removed.

The Ardens searches do not include patients using topical steroids as this would increase the number of patients in the search and most patients on topical steroids are unlikely to be having doses sufficient to cause adrenal suppression. Review whether patients using large volumes of topical steroids need a NHS Steroid Emergency Cards at annual medication review.

See the [Ardens](#) website for further information.

Issuing a NHS Steroid Emergency Card

Once the patients have been identified and coded using the above searches the patients should be reviewed and issued a NHS Steroid Emergency Card. Ardens provide a **Corticosteroid Monitoring template**.

This template can be accessed from the Drug Monitoring template, Auto-Consultation, any template containing steroids, [F12 favourites](#) or the ‘Search features’ box in the bottom left hand corner of SystemOne.

The template will assist with managing individual patients, with quick access to:

This edition is also available on the Primary Care Portal



1. Ensure patient monitoring is up to date
2. Review GI protection, diabetes or osteoporosis risk
3. Record the provision of a steroid treatment card

By clicking the tick box next to Steroid treatment card the “Steroid treatment card issued (XaVxK)” read code will be entered into the journal. It is also possible to print a NHS Steroid Emergency Card from this template by clicking the Corticosteroid Card button.

Patients who use smartphones may download a pdf copy of the card to use as the lock screen of their phone. The link is available from the British Society of Endocrinology [link](#)

Alternatively NHS Steroid Emergency Cards can be obtained from:

- NHS Forms at NHS Business Services Authority (NHS BSA) <http://www.nhsforms.co.uk/>
- Primary Care Support England PCSE online <https://secure.pcse.england.nhs.uk/forms/pcsssignin.aspx>

Ongoing issues of NHS Steroid Emergency Cards – Protocol to prompt prescribers

Using the searches above will enable patients who need a NHS Steroid Emergency Card to be identified. For newly initiated steroids Ardens provide a protocol to use on SystemOne which will pop up to prompt consideration of a steroid alert card. This will be triggered when issuing a prescription



for a steroid. The pop up alert will give you the option to 'Review' which will launch the Corticosteroid monitoring template.

The protocol should be active at each practice. This can be checked on SystemOne from **Setup > Workflow Support > Protocols > Ardens > Pop Ups > 'Steroid Emergency Card'** protocol.

References

1. PrescQIPP Hot Topic Implementing the NHS Steroid Emergency Card National Patient Safety Alert (NatPSA). Accessed 22/04/2021 <https://www.prescqipp.info/our-resources/webkits/hot-topics/>
2. NPSA alert Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults. Accessed 22/04/2021 <https://www.england.nhs.uk/wp-content/uploads/2020/08/NPSA-Emergency-Steroid-Card-FINAL-2.3.pdf>
3. Ardens Support website Accessed 22/04/2021 <http://support-s1.ardens.org.uk/support/solutions/articles/31000157350-corticosteroid-monitoring>
4. Specialist Pharmacy Services Guidance on issuing the Steroid Emergency Card in adults. Accessed 22/04/21 <https://www.sps.nhs.uk/articles/advice-on-issuing-the-steroid-emergency-card-update-23rd-december-2020/>