

## Frequently Asked Questions - STEROID CARDS

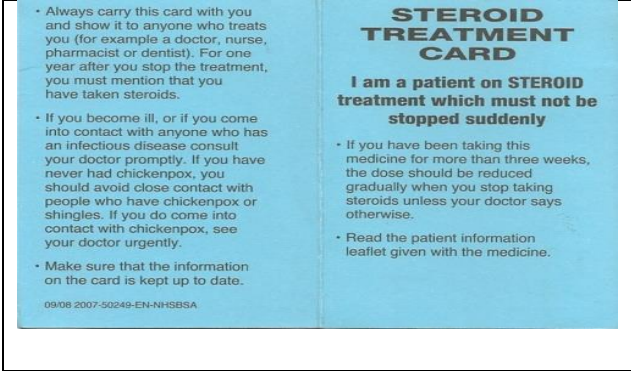

To be used in conjunction with [PrescQIPP](#) steroid card guidance and FAQs and [SPS](#) guidance  
(log in required, please register if working in GP practices)

### What steroid cards are available?

There are 2 types of steroid alert cards a patient may be required to carry:

1. A steroid TREATMENT card (blue card)
2. An NHS Steroid EMERGENCY Card (red card)

### What is the difference between the two cards as per the National Patient Safety Alert (NatPSA)?

Steroid Treatment Card (Blue)	NHS Steroid Emergency Card (Red)
	
<p>A Steroid <i>Treatment</i> Card (blue) gives patients guidance on minimising the risks when taking steroids and also provides details of the prescriber, drug, dosage and duration of treatment.</p> <p>Patients being prescribed steroids outside the scope of this alert would still be eligible for the blue standard Steroid Treatment Card.</p>	<p>The NHS Steroid <i>Emergency</i> Card (red ) helps prompt healthcare staff to identify patients with adrenal insufficiency when admitted in an emergency or undergoing a procedure to ensure steroid treatment is given appropriately and promptly. The card clearly outlines first management steps in an emergency. In addition, the card contains a QR code that links to further specialist advice. The card should be issued by the prescriber to all patients with primary adrenal insufficiency and those who are steroid dependent i.e. on long-term steroid treatment(s). <i>Please refer to either the Specialist Pharmacy Service (SPS) guidance or <a href="#">PrescQIPP</a> guidance for the criteria and drug conversion charts.</i></p>



### Where can the cards be obtained from to issue to patients?

a) Both cards can be ordered from:

- NHS Forms at NHS Business Services Authority (NHS BSA) <http://www.nhsforms.co.uk/>
- Primary Care Support England (PCSE online) [PCSS: Login \(england.nhs.uk\)](https://www.nhs.uk/pcse/)

b) Both cards are available on SystemOne and EMIS (see below)

c) The NHS Steroid Emergency Card (red card) is available online, which is useful for remote consultations. This can be completed and emailed or texted to the patient such as through accuRx.

<https://www.endocrinology.org/adrenal-crisis>

### Who should issue the Steroid Treatment Card &/or NHS Steroid Emergency Card?

*The prescriber* is responsible for issuing the card. Its purpose should be discussed with the patient. The prescriber should ensure that the information on the card is kept up to date and should explain the instructions on the card when issuing one to the patient.

### What should Pharmacies and Dispensing GP's look out for?

When dispensing systemic, high dose or long term glucocorticoids medication, check whether the patient is eligible and the patient has the appropriate card and that the prescription information recorded on the card is up to date. A replacement card can be issued at the point of dispensing, if required. Cards can be re-issued for those that are lost or damaged.

### Where can you import clinical system searches from to help identify your patients?

PrescQIPP and Ardens have searches available. PrescQIPP have two searches that can be imported and uploaded onto SystemOne and EMIS to help you identify your patients to review. Hot topics

[Implementing the NHS STEROID EMERGENCY CARD NatPSA | PrescQIPP C.I.C](#)

Ardens and PrescQIPP search criteria are slightly different and you can choose which your practice would prefer to use. In all cases patients would need to be reviewed individually. Please be aware that patients prescribed steroids from secondary care will not be included in these searches if not issued from the GP surgery.



## When to give an NHS Steroid Emergency Card (red card) and “sick day rules” advice?

Please refer to either the Specialist Pharmacy Service ([SPS](#)) guidance or [PrescQIPP](#) guidance (log in required, please register if working in GP practices), for full details and guidance including the drug conversion lists.

In summary:

Steroid Emergency Cards (red) are for patients on exogenous steroids at increased risk of adrenal insufficiency needing a Steroid Emergency Card and advice regarding “sick day rules” if unwell outside of hospital. These groups are at greater risk of significant hypothalamic pituitary-adrenal (HPA) axis suppression.

NHS Steroid Emergency Cards should be given to:

- All adults aged 16+ 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 (includes injectable steroids).
- Patients receiving intra-articular or intramuscular glucocorticoid injections who also use glucocorticoids by another route (eg inhaled steroids, oral steroids etc). All patients receiving exogenous steroids at a dose of prednisolone 5mg/day or equivalent for 4 weeks or longer and for 12 months after stopping oral glucocorticoids. This is across all routes of administration (oral, topical, inhaled or intranasal) as they are also at risk of adrenal insufficiency (see links above).
- Patients taking inhaled beclometasone >1000micrograms/day or equivalent or fluticasone >500micrograms/day or equivalent. This is because they are at risk of adrenal insufficiency due to HPA 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.
- Patients who are taking drugs that affect CYP3A4 (CP450) metabolism together with a steroid treatment. ([Please refer to SPS guidance for further information](#))

## When to give a Steroid Treatment (blue) Card?

- Patients on oral corticosteroids for periods of more than three weeks should receive a Steroid Treatment Card at the outset of treatment.
- If receiving more than four short oral courses per year, a card may be issued at the discretion of the prescriber or pharmacist.
- Topical and nasal steroids if considered necessary by the prescriber, including dispersible tablets used as mouth rinses and sublingual tablets for treatment of mouth ulcers. (Systemic absorption may follow nasal administration particularly if high doses are used or if treatment is prolonged).
- Inhaled steroids.
- Steroid Treatment Cards (blue) should be given at lower doses if there is concomitant use of:
  - (i) intranasal and/or topical corticosteroids;OR
  - (ii) medicines that inhibit the metabolism of corticosteroids (cytochrome p450 inhibiting drugs especially ritonavir, itraconazole and ketoconazole).



### **As health professionals in primary care what should you be doing as per National Patient Safety Alert (NatPSA)?**

1. All organisations that initiate steroid prescriptions should review their processes/policies and their digital systems/software and prompts to ensure that prescribers issue an NHS Steroid Emergency Card to all eligible patients, as outlined in new guidance.
2. 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 an NHS Steroid Emergency Card.
3. Community pharmacists should ensure they can source and supply NHS Steroid Emergency Cards, to replace those lost by patients or which become damaged.

### **How long should the patient hold an NHS Steroid Emergency Card for?**

There is no specific guidance for this. The duration should be determined after the annual clinical review with a clinician.

### **Is there any patient information available?**

Yes, please refer to PrescQIPP website for a [Patient Guide – NHS Steroid Emergency card](#)

Additionally, signpost patients to the following patient resources:

Addison's Disease Self Help Group ([www.addisonsdisease.org.uk](http://www.addisonsdisease.org.uk))

Pituitary Foundation ([www.pituitary.org.uk](http://www.pituitary.org.uk))

### **How will hospitals communicate to primary care that they have issued a steroid emergency card?**

There is not a uniform practice amongst the trusts; some may record it on their discharge summary whereas others may not, depending on their IT system. Practices should confirm with their patients and document accordingly.

### **How can you document that a patient has received an NHS Steroid Emergency Card in patient notes?**

- Use Ardens (via SystemOne or EMIS) template and readcodes (see appendix 1 and 2)
- Add as a script note on the prescription



## What about Children?

Although the NatPSA does not cover children, a steroid card for children with adrenal insufficiency has been developed by the British Society for Paediatric Endocrinology and Diabetes (BSPED). The card is designed to improve uniformity across NHS trusts and improve the treatment patients receive. The [Paediatric Steroid Treatment Card](#) is available, for download with the [BSPED Paediatric Steroid Adrenal Insufficiency Guidance Care Plan](#); which is a paediatric steroid care plan for sick days and emergencies. For further information please refer to [Society for Endocrinology](#).

## Resources and References

1. [NatPSA Emergency Steroid Card Alert](#)
2. [Hot topics – Implementing the NHS STEROID EMERGENCY CARD NatPSA | PrescQIPP C.I.C](#)
3. [Adrenal crisis | Society for Endocrinology](#)
4. [Guidance On Issuing the Steroid Emergency Card in Adults; Specialist Pharmacy Service; April 2021](#)
5. [D.Erskine; H.Simpson. Exogenous steroids treatment in adults. Adrenal insufficiency and adrenal crisis-who is at risk and how should they be managed safely. Society for Endocrinology 2020](#)
6. [Sick Day Rules; Society of Endocrinology](#)
7. [In Focus: Steroid Cards, Dorest CCG; November 2020](#)
8. [Right Breathe Guidance](#)
9. [Corticosteroid Monitoring; Ardens](#)



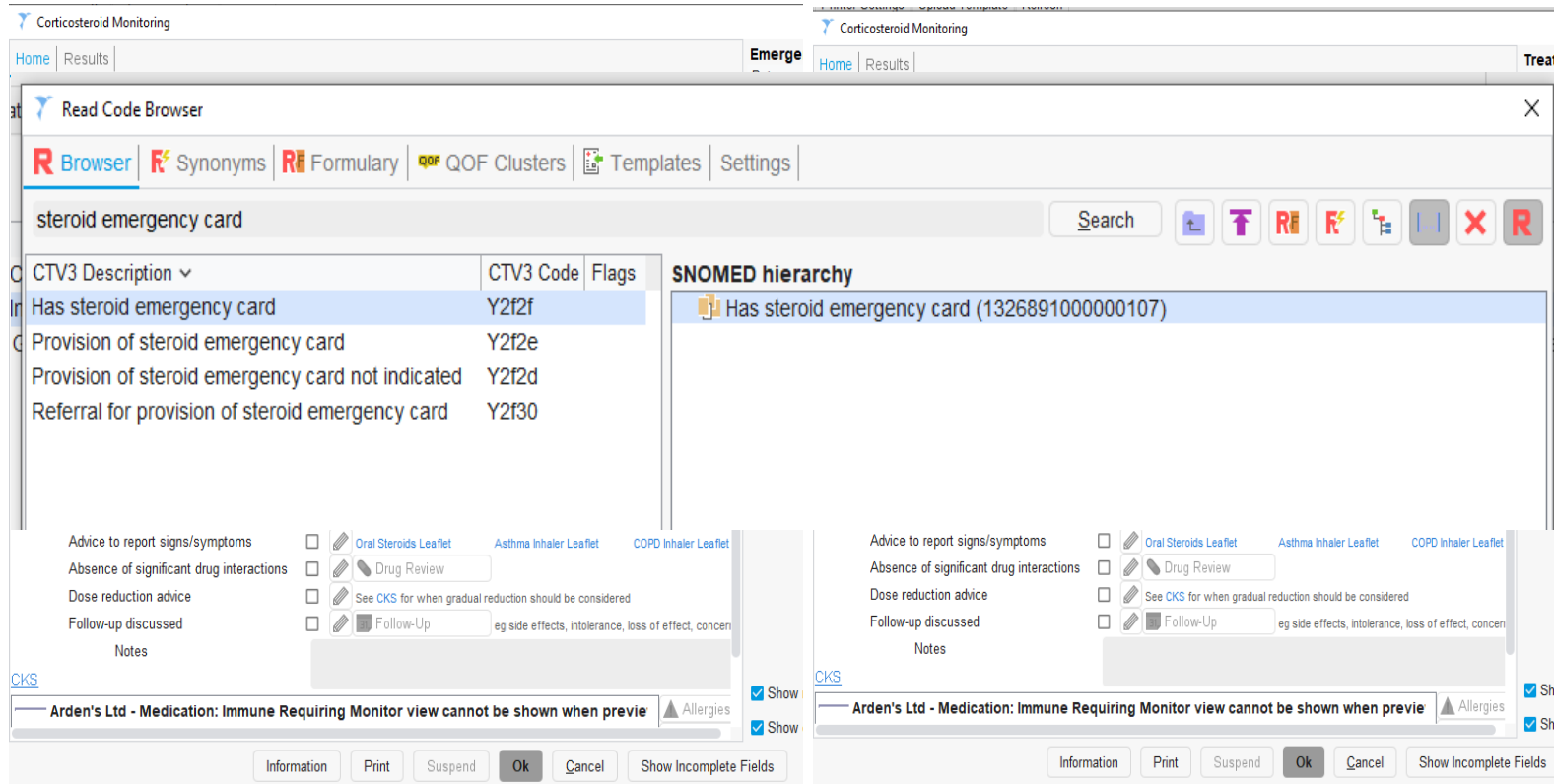
**APPENDIX 1. For SystemOne:**

**How to highlight a steroid card is to be/was issued? Corticosteroid Monitoring Ardens Template**

To code that a card has been issued/not required/patient already has the clinician would just need to choose one of the options from the template as below:

**For the Emergency card:**

**For the Treatment card:**



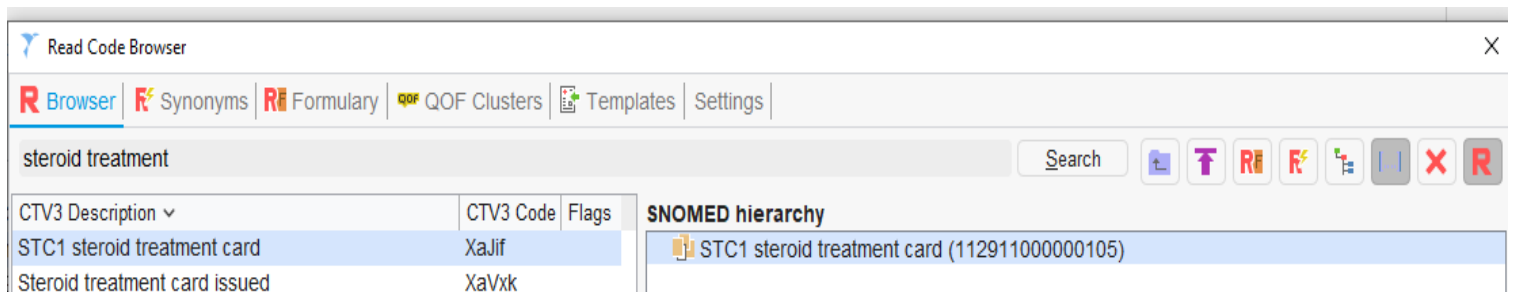
The screenshot shows the Read Code Browser interface. The search term is 'steroid emergency card'. The results table is as follows:

CTV3 Description	CTV3 Code	Flags
Has steroid emergency card	Y2f2f	
Provision of steroid emergency card	Y2f2e	
Provision of steroid emergency card not indicated	Y2f2d	
Referral for provision of steroid emergency card	Y2f30	

The SNOMED hierarchy shows: Has steroid emergency card (1326891000000107). Below the table are checkboxes for various clinical actions like 'Advice to report signs/symptoms', 'Absence of significant drug interactions', etc., with associated leaflet links.

These codes are mapped to the following snomed codes:

**“Corticosteroid card” and “Inhaler Card” once clicked creates the following letters with the NHS**



The screenshot shows the Read Code Browser interface. The search term is 'steroid treatment'. The results table is as follows:

CTV3 Description	CTV3 Code	Flags
STC1 steroid treatment card	XaJif	
Steroid treatment card issued	XaVxk	

The SNOMED hierarchy shows: STC1 steroid treatment card (112911000000105).

**Steroid Emergency Card, auto-populated with the patient name, for distribution:**



Home | Results
Emerge Date ▾

## Corticosteroid Monitoring

help & feedback

Monitor ★ Drug monitoring done	<input type="checkbox"/>		
!! Corticosteroid alert reviewed	<input type="checkbox"/>		
Steroids	<input type="text"/>		"Oral steroid" + "Inhaled high dose" will add alert under name, other codes remov
Emergency card	<input type="text"/>		<span style="background-color: yellow;">Corticosteroid Card</span> <span style="background-color: yellow;">Inhaler Card</span>
Treatment card	<input type="text"/>		
Weight	<input type="text"/>		ent advice
Height	<input type="text"/>		refer if growth suppression suspected.
BMI	<input type="text"/>		
BP	<input type="text"/>		Do at every appt. Treat + discuss with Specialist as needed
Blood tests checked	<input type="checkbox"/>		<span style="background-color: #e0e0e0;">Results</span> Check after 1m, then every 6-12m
Diabetes mellitus screening	<input type="checkbox"/>		<span style="background-color: #e0e0e0;">Diabetes Screening</span> Check every 3m with urine dipstick
Osteoporosis risk assessment	<input type="checkbox"/>		<span style="background-color: #e0e0e0;">Osteoporosis Ris...</span>
GI protection therapy	<input type="checkbox"/>		<span style="background-color: #e0e0e0;">PPI</span>
Optician involved	<input type="checkbox"/>		Every 6-12m to exclude glaucoma and cataracts
Advice to report signs/symptoms	<input type="checkbox"/>		<span style="background-color: #e0e0e0;">Oral Steroids Leaflet</span> <span style="background-color: #e0e0e0;">Asthma Inhaler Leaflet</span> <span style="background-color: #e0e0e0;">COPD Inhaler Leaflet</span>
Absence of significant drug interactions	<input type="checkbox"/>		<span style="background-color: #e0e0e0;">Drug Review</span>
Dose reduction advice	<input type="checkbox"/>		See <span style="background-color: #e0e0e0;">CKS</span> for when gradual reduction should be considered
Follow-up discussed	<input type="checkbox"/>		<span style="background-color: #e0e0e0;">Follow-Up</span> eg side effects, intolerance, loss of effect, concern
Notes	<div style="border: 1px solid #ccc; height: 20px;"></div>		

[CKS](#)

Arden's Ltd - Medication: Immune Requiring Monitor view cannot be shown when previe ▲ Allergies

Show
 Show

Information Print Suspend Ok Cancel Show Incomplete Fields





<Sender details>  
<Sender Address>  
<Sender Details>  
<Organisation Details>

Private and Confidential  
<Patient name>  
<Patient Address>

**Corticosteroid Monitoring**

Dear <Patient Name>

You are currently taking or have recently received several courses of a type of corticosteroid medication. <Medication>

This is an effective medication used in the treatment of many conditions and works by reducing inflammation. Taking corticosteroids may reduce your body's ability to produce its own corticosteroids when under stress, such as in severe illness or undergoing surgery, or to fight off some infections.

If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you have been in contact with someone with these conditions, speak to your doctor urgently.

Corticosteroids can put you at a higher risk of developing certain conditions like diabetes and high blood pressure, please ensure you book an annual review at the GP surgery to have a blood test taken, and your blood pressure and weight checked. If you have not had this done in the last year, please call the surgery to book an appointment.

**This is an effective medication, but it is important that the instructions below are followed:**

- **DO NOT STOP** taking this steroid medication without seeking advice from a clinician.
  - If you are unwell, have a fever, undergo severe stress e.g. road traffic accident or require surgery, you may need a higher dose
  - Always carry this card and show this card to any healthcare professional you see
- In case of emergency, if you are seriously unwell or have diarrhoea and/or vomiting and cannot take any tablets**
- Seek urgent medical help
  - You will require a hydrocortisone injection and may need hospital admission.

If you need a replacement card, please contact your GP surgery or pharmacy.

.....Please cut out this card and always carry it with you.....

**Steroid Emergency Card (Adult)** NHS

**IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF**  
THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.

Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

Name: <Patient Name>  
Date of Birth <Date of Birth> NHS Number: <NHS number>  
Why steroid prescribed  
Emergency Contact

When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency AND describe symptoms (vomiting, diarrhoea, dehydration, injury/hock).

**Emergency treatment of adrenal crisis**

- 1) EITHER 100mg Hydrocortisone i.v. or i.m. injection followed by 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%
- OR 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese)
- 2) Rapid rehydration with Sodium Chloride 0.9%
- 3) Liaise with endocrinology team

Scan here for further information or search <https://www.endocrinology.org/adrenal-crisis>

<Patient Name> <Date of birth> <NHS number>

<Sender details>  
<Sender Address>  
<Sender Details>

Private and Confidential  
<Patient name>  
<Patient Address>  
**Inhaled Corticosteroid Safety Information**

Dear <Patient Name>  
You are currently taking or have recently received several courses of a type of corticosteroid medication. <Medication>

This is an effective medication for the treatment of conditions such as Asthma and COPD, which acts by reducing inflammation and preventing symptoms from developing.

Inhaled corticosteroids can cause local side effects such as sore throat, hoarse voice or oral thrush (sore white patches in the mouth). The risk of these side effects may be reduced by using a spacer device with aerosol inhalers (MDI's) and rinsing your mouth out with water (and spitting out) after using any corticosteroid inhaler. Prolonged use of inhaled corticosteroids may lead to easy bruising or thinning of the skin, especially in older people.

Corticosteroids can put you at a higher risk of developing certain conditions like diabetes and high blood pressure, please ensure you book an annual review at the GP surgery to have a blood test taken, and your blood pressure and weight checked. If you have not had this done in the last year, please call the surgery to book an appointment

Very rarely, higher doses of inhaled corticosteroids may temporarily reduce your body's ability to produce its own corticosteroids when under stress, such as in severe illness or undergoing surgery, or to fight off some infections.

If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you have been in contact with someone with these conditions, speak to your doctor urgently.

**It is important that the instructions below are followed:**

- **DO NOT STOP** taking this inhaled steroid medication suddenly without seeking advice from a clinician.
  - Be sure to get your repeat prescription of your inhaler before it runs out
  - If you are unwell, are involved in an accident or require surgery, you may need additional corticosteroids
  - Always carry the card below and show it to any healthcare professional you see
- If you need a replacement card, please contact your GP or pharmacist.

.....Please cut out this card and carry it with you at all times.....

**Steroid Emergency Card (Adult)** NHS

**IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF**  
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Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

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Date of Birth <Date of Birth> NHS Number: <NHS number>  
Why steroid prescribed  
Emergency Contact

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- 2) Rapid rehydration with Sodium Chloride 0.9%
- 3) Liaise with endocrinology team

Scan here for further information or search <https://www.endocrinology.org/adrenal-crisis>

<Patient Name> <Date of birth> <NHS number>

A [support article](#) regarding Ardens Systmone corticosteroid monitoring is available





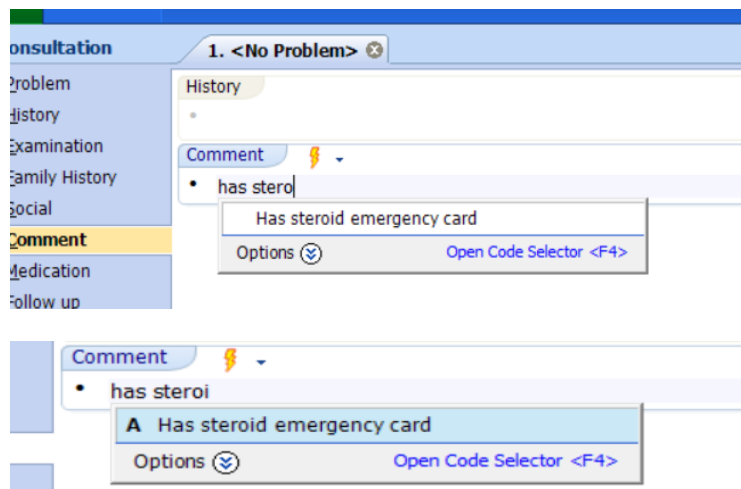
**APPENDIX 2. For EMIS:**

**How to highlight steroid card is to be / was issued?**

There are two methods: either via ticking the box in the Ardens templates (e.g. corticosteroid monitoring, PMR, asthma) to add a read code or by free texting the read code during a consultation.

Code	Concept ID	Description ID
▸ Steroid treatment card issued	711121000000102	1554371000000112
Provision of steroid emergency card	1326871000000108	2849221000000115
STC1 steroid treatment card	112911000000105	189641000000114
Has steroid emergency card	1326891000000107	2849261000000111
Provision of high dose inhaled corticosteroid safety card	968171000000104	2465671000000117

Whilst recording in the notes, not using a template, type any of those words above and then highlight it when the codes come up it will then be coded. There is no particular section in the consultation notes, where this can be typed as the search just looks for that code in the patient's notes at some point in the last 3 years.



**Corticosteroid monitoring template below indicates the provision of a treatment card (blue).**

N.B. Emergency card option is yet to be added within this template. Please ensure it is documented within the notes manually as stated above.



**Corticosteroid Monitoring (v15.2) (Ardens)**

Pages <

- Template information
- Monitoring**
- Learning points

Perform baseline bloods before initiating long term treatment, then repeat after 1 month then continue to repeat annually

Latest U+E (Potassium)  
Latest Triglycerides  
Latest HbA1c

**Initiation and Monitoring**

**Please record the patients current use of corticosteroids**

Corticosteroid use

**A Steroid treatment card should be provided for people on long-term treatment**

Steroid treatment card issued  
 Provision of high dose inhaled corticosteroid safety card

**Gastrointestinal protection with a proton pump inhibitor** - should not be provided routinely for people on long-term corticosteroids but should be considered for p

Gastrointestinal protection therapy  
 No significant drug interactions

**Initiate a gradual withdrawal if: >3w, repeated courses, >40mg pred od, previous long term use (months/years), risk of adrenal suppression**

Drug dose reducing regime

Screening / Risk Assessment

Below are examples of EMIS Ardens templates where steroid treatment card and Emergency cards are embedded however please note emergency card is yet to be incorporated in ALL of them.

**My Record < Asthma (v17.4) (Ardens)**

Pages <

- \*BNSSG Supplementary Services
- QOF only
- Review - control
- Review - smoking
- Review - BMI
- Review and Recall
- Initial diagnosis
- Asthma Exacerbation
- Post-exacerbation review
- Management**
- Referrals
- Vaccinations
- Patient Resources
- Learning points
- Template information

[BTS / SIGN guidance - asthma](#)  
[SIGN and BTS Asthma \(adults\)](#)  
[SIGN and BTS Asthma \(children\)](#)  
[MART regimen - Asthma UK](#)

**Environmental considerations**

Some inhalers (especially metered dose inhalers) contain potent greenhouse gases and it may be appropriate to discuss alternatives with the patient.

[Green-inhaler.org](#)  
[Greener Practice](#)

Discussed environmental impact of MDI use with patient

Discussed possible alternatives with patient

To record if a dry powder inhaler is not indicated, please use the following code:

Dry powder inhaler not indicated

**Fitness to fly**

There are specific rules on whether patients with respiratory disease are allowed to fly.

[Civil Aviation Authority guidance on fitness to fly with respiratory disease](#)

Fitness to fly assessment

**Steroid card**

**MHRA advises that corticosteroid treatment cards (blue card) should be routinely provided for people (or their parents or carers) who need prolonged treatment.**

The Committee on Safety of Medicines has issued warnings about the use of high doses of ICS, particularly in children and in relation to fluticasone propionate.

The BTS/SIGN guideline recommends that children prescribed ICS should have their growth monitored annually (although isolated growth failure is not a reliable indicator of high dose ICS).

[Inhaled corticosteroids - more information and what is consider a "high" dose \(NICE CKS\).](#)

Steroid treatment card issued

Consider giving an **NHS Steroid Emergency Card** to adults with primary adrenal insufficiency and those who are steroid dependent.

[NHS Steroid Emergency Card](#)

Provision of steroid emergency card



**Polymyalgia Rheumatica (PMR) (v17.3) (Ardens)**

Pages « starting steroid treatment

Quick entry

Condition

History

Examination

Investigations

**Management**

Review and follow up

Referral

Resources

Learning points

Template information

Plan:

[CKS Advice on Weaning Steroids in PMR](#)

**Manage steroid risk**

Before starting long term steroids, NICE CKS also advises the following:

- BP
- Weight.
- BMI
- HbA1c, triglycerides and potassium levels.

O/E - blood pressure reading  /  mmHg

Body weight  kg

Long term high dose steroids have risks. Ensure the patient is informed of these (please also consider referring to the Ardens High Risk Steroid adverse effects CKS)

Gastrointestinal risks of steroids considered and discussed *Text*

Gastrointestinal protection considered and discussed *Text*

Remember fracture risk and bone protection:

[Fracture risk CKS](#)

Bone protection therapy considered and discussed *Text*

Fragility fracture risk assessed and discussed with patient/carer *Text*

Steroid treatment card issued

[Printable steroid card](#)

**NB: The above link is to the new NHS steroid emergency card; this may be different to an existing blue 'steroid treatment card' but covers the same information.**

[Safety netting](#)

Should you have any further queries please do contact your relevant Pharmaceutical Advisor or email the Hertfordshire and West Essex ICB Medicines Optimisation Team via [hweicbhv.medicinesoptimisationteam@nhs.net](mailto:hweicbhv.medicinesoptimisationteam@nhs.net)

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Developed by	Anushka Uppal, Lead Pharmaceutical Advisor, Medication Governance, Quality & Safety; Stacey Golding, Lead Pharmacist, Medication Governance, Quality & Safety; Hertfordshire and West Essex ICB
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