



## ADULT MEDICATION GUIDELINE

# Prednisolone

**Scope (Staff):** All WNHS Staff

**Scope (Area):** Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

### Quick Links

[Dose](#)

[Administration](#)

[Monitoring](#)

[Pregnancy and Breastfeeding](#)

### Restrictions

[Formulary: Unrestricted](#)

Ointment: Non-Formulary - [IPA Required](#)

### Medication Class

Corticosteroid

### Presentation

**Tablet:** 1mg, 5mg, 25mg

**Oral liquid:** 5mg/mL

**Combination products:**

**Ointment:** Prednisolone 1.9mg/g with Cinchocaine 5mg/mg

**Eye drop:** Prednisolone 1% with Phenylephrine 0.12%

### Storage

Store at room temperature, below 25°C

### Dose

#### Autoimmune or inflammatory disease

**Oral:**

Initially 5 – 60mg once daily depending on the disease and its severity (may need to be given in 2 doses initially for severe disease). Taper dose according to response

Usual maintenance dose 2.5 - 15mg once daily

**Acute asthma**

**Oral:**

40 – 50mg once daily for 5 – 10 days

**COPD exacerbation**

**Oral:**

40 – 50mg once daily for 5 – 14 days

**Acute gout**

**Oral:**

20 – 50mg once daily for 3 – 5 days

**Haemorrhoids**

Refer to [Bowel Care](#)

**Postpartum Management of HELLP Syndrome**

Seek specialist advice

**Refractory hyperemesis gravidarum**

Seek specialist advice

Refer to [Australian Prescriber: Treatment of nausea and vomiting in pregnancy](#) and [Clinical Practice Guideline: First trimester complications](#)

**Thrombocytopenia in obstetrics**

Refer to [Thrombocytopenia in obstetrics](#)

**Administration**

**Oral**

Take with or soon after food in the morning

If used long-term, do not stop taking abruptly; taper dose before ceasing

**Monitoring**

Measure blood glucose, electrolytes, lipids, weight and BP at baseline, then monitor regularly

during treatment

Watch for signs and symptoms of infection, however, these may be masked

Monitor for cataracts and glaucoma in patients on long term corticosteroids

Chronic use of corticosteroids can cause adrenal suppression; consider need for withdrawing treatment gradually as abrupt withdrawal can result in adrenal crisis

## Pregnancy

**1<sup>st</sup> Trimester:** Consider alternative

**2<sup>nd</sup> Trimester:** Considered safe to use

**3<sup>rd</sup> Trimester:** Considered safe to use

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

## Breastfeeding

Considered safe to use. For high maternal doses, consider withholding feeds for 3 – 4 hours following dose if possible.

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

## Related Policies, Procedures & Guidelines

### WNHS Clinical Practice Guidelines:

[Antenatal use of corticosteroids](#)

[Bowel care](#)

[Diabetes in obstetrics & gynaecology](#)

[Hypertension in pregnancy: medical management](#)

[Minor symptoms or disorders in pregnancy](#)

[Morning sickness \(patient brochure\)](#)

[Pregnancy care: First trimester complications](#)

[Pregnancy, birth and your baby \(patient booklet\)](#)

[Thrombocytopenia in obstetrics](#)

## References

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Keywords	Prednisolone, corticosteroid, steroid, immunosuppressant, autoimmune, acute asthma exacerbation, acute COPD exacerbation, acute gout, thrombocytopenia, hyperemesis gravidarum				
Document Owner:	Chief Pharmacist				
Author/ Reviewer	KEMH Pharmacy Department				
Version Info:	4.1 added thrombocytopenia link				
Date First Issued:	14/06/2007	Last Reviewed:	14/06/2021	Review Date:	14/06/2024
Endorsed by:	Medicines and Therapeutics Committee			Date:	16/09/2021
NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance <input type="checkbox"/>  Std 2: Partnering with Consumers <input type="checkbox"/>  Std 3: Preventing and Controlling Healthcare Associated Infection <input checked="" type="checkbox"/>  Std 4: Medication Safety		<input type="checkbox"/>  Std 5: Comprehensive Care <input type="checkbox"/>  Std 6: Communicating for Safety <input type="checkbox"/>  Std 7: Blood Management <input type="checkbox"/>  Std 8: Recognising and Responding to Acute Deterioration		
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