

**STEROID USE IN PATIENTS WITH
METASTATIC SPINAL CORD COMPRESSION (MSCC)
THE CHRISTIE, GREATER MANCHESTER & CHESHIRE**

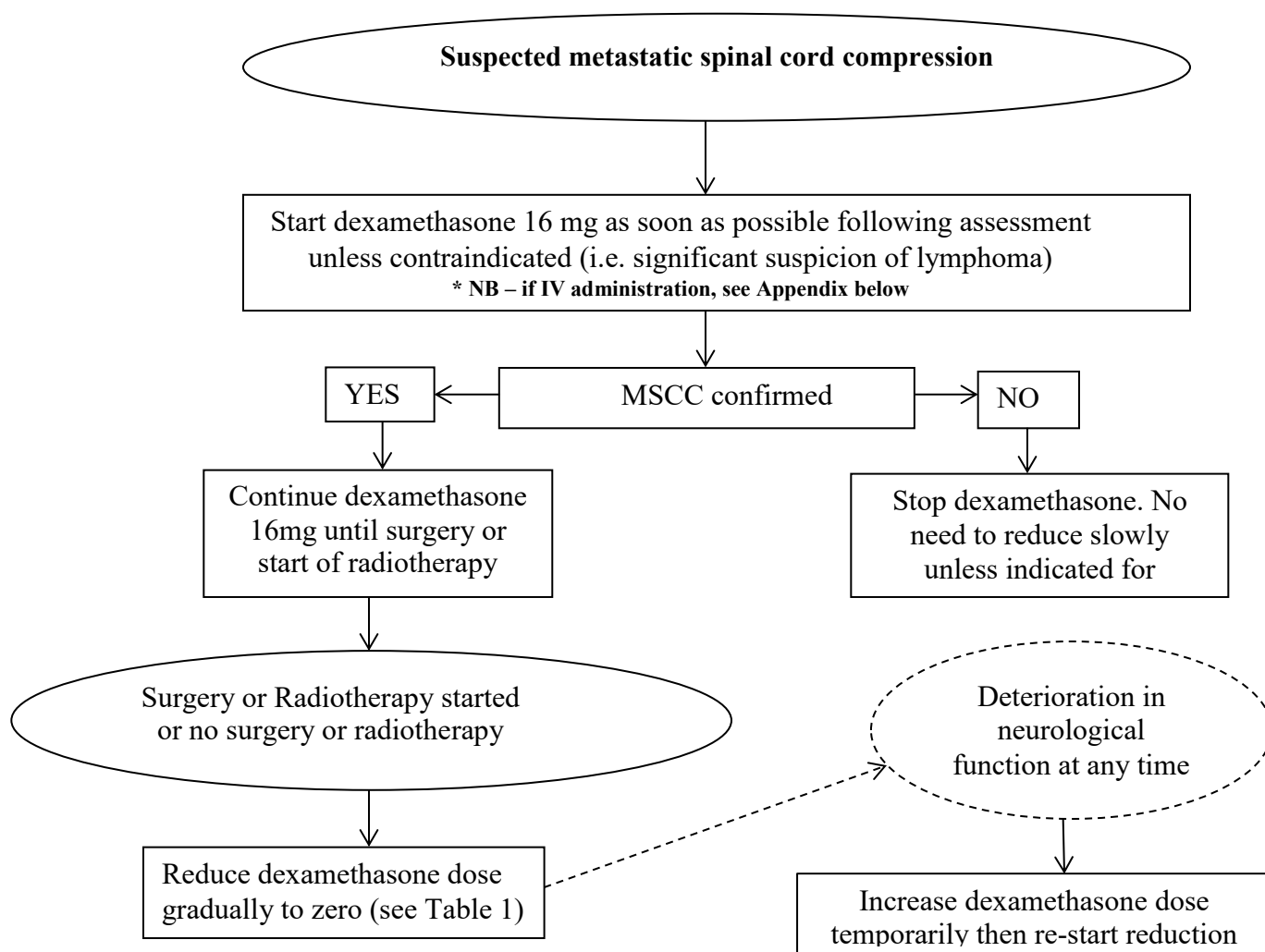


Table 1 – Steroid reducing table for MSCC

Day	Dexamethasone daily oral dose (milligram = mg)	Administration
Day 1-4 (4 days)	16mg	8mg B.D*/16mg O.D**
Day 5-8 (4 days)	12mg	6mg B.D*/12mg O.D**
Day 9-12 (4 days)	8mg	8mg O.D**
Day 13-16 (4 days)	4mg	4mg O.D**
Day 17-20 (4 days)	2mg	2mg O.D**

*B.D. = Twice Daily (8am & 2pm) **O.D. = Once Daily (8am)

Table 2 - Good Prescribing Practice for Corticosteroids

1	Document indication for the corticosteroid on the patient's kardex
2	Indicate length of steroid course required on kardex and in notes
3	Start prophylaxis with PPI when giving high dose corticosteroids. Ensure this is stopped with steroids if no ongoing GI symptoms.
4	Ensure appropriate patient information regarding corticosteroids and dose reduction regimen on discharge. Counsel if necessary.
5	Monitor all patients on high dose steroids for: <ul style="list-style-type: none"> • Diabetes – see Appendix below • Dyspepsia/ epigastric pain • Mania/hypomania/psychosis

(This document is based on material produced by the Edinburgh Cancer Centre)



Appendix

- Plasma glucose must be checked on all patients commencing steroids. Capillary blood glucose testing (CBG) must continue whilst the patient is taking steroids and are an in-patient. CBG testing must continue if patient is discharged if CBG has been elevated as an in-patient. Please refer to local trusts Steroid and CBG monitoring guidance for further information.
- The information below reflects the use of Dexamethasone Injections 4mg in 1ml at The Christie:

There are currently 3 preparations of dexamethasone injection on the UK market. The Organon product (used at The Christie) has been reformulated resulting in changes to its concentration, storage conditions and presentation. In addition the marketing authorisation for the Organon product has now been transferred to Aspen.

As of 1st October 2014 there will be no new production of the 4mg/ml product. Therefore when stocks of this are exhausted the only available preparations of Dexamethasone injection will be those made by Aspen and Hamelin/Hospira.

	Aspen	Hameln	Hospira
Dexamethasone base (on packaging)	3.8mg/mL	3.3mg/mL	
Volume equivalence of 4mg base	1.05mL (only 1ml of will be available in each glass vial*)	1.2mL(only 1ml will be available in each glass ampoule *)	
Dexamethasone sodium phosphate	5.0mg/mL	4.3 mg/mL	
Dexamethasone phosphate	Not stated	4.0mg/mL	
Propylene glycol content	None	20mg/mL ⁶	None
Storage	Store in a refrigerator (2-8°C)	Store below 25°C	
Presentation	Glass vial	Glass ampoule	

Following discussion at the Safe Medicines Practice Committee and the Drugs and Therapeutics Committee, we are recommending the following:

1. We will procure the Aspen branded product. 3.8mg/ml
2. For doses of 4mg Dexamethasone it is acceptable to substitute a dose of 3.8mg.
3. For doses of 8mg Dexamethasone it is acceptable to substitute a dose 7.6mg.
4. For doses of 16mg and above no dose adjustment will be made.



***For more information and protocols on management of MSCC see:**
<http://www.christie.nhs.uk/MSCC>

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Target audience:	All Clinicians		

CONSULTATION, APPROVAL & RATIFICATION PROCESS

All documents must be involved in a consultation process either locally within a department or division or throughout the trust at relevant board/committee meetings before being submitted for approval.

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
V1	Jan 2010	Edinburgh Cancer Centre	Creation	
V2	Nov 2013	Vivek Misra	Update	Updated document
V2.1	May 2015	Lena Richards	Review	Reviewed content
	Jan 2016	Lena Richards Vivek Misra	Update Review	Updated content Reviewed content
V3	Oct 2016	Lena Richards	Update	Appendix added
		Vivek Misra	Review	
		Louise Hopewell	Review	
		Nadia Ali	Review	
V4	Jan 2018	Conor Fitzpatrick	Review	No changes made
	Jan 2020	Nadia Ali	Review	No changes made

