

Short-term Steroid Treatment for children

Steroids are medicines that are used to treat many conditions. This fact sheet explains what steroids are, how they are given and some of the possible side effects. Some rare and long term side effects are explained as well as their more common ones. Each person reacts differently to medicines, so your child will not necessarily experience every side effect mentioned. If you have any questions or concerns, please ask your doctor, nurse or pharmacist.

What are Steroids?

Steroids are hormonal substances that are produced naturally in the body by the adrenal glands (which are just above each kidney) and by the reproductive organs. There are many different types of steroid and they have different effects on the body. Common types of steroids used are: **prednisolone, budesonide, hydrocortisone, dexamethasone, fludrocortisone**, and occasionally **methylprednisolone**. These steroids are known as corticosteroids.

How are they given?

Steroids are usually given by mouth in the form of tablets or soluble tablets. They may also be given into a vein (intravenously or IV) through a cannula, central venous catheter or implantable port, or some can be given via an inhaler.

General instructions

- Steroids are best taken at the same time each day with food, usually in the morning, as directed by the doctor, nurse or pharmacist. Children on twice daily steroids may have difficulty in sleeping if they take their dose too late in the evening so make sure their second dose is not given later than early afternoon, ideally no later than 2pm for prednisolone and 4pm for dexamethasone.
- If your child vomits after taking the dose, inform the doctor or nurse, as your child may need to take another one. Do not give them another dose without informing the doctor.
- If you forget to give your child their dose, do not give them a double dose.
- You will be given a steroid card if your child is on steroids for more than two weeks. Show the card to any health care professional looking after your child.
- If your child has been on steroids for more than a few weeks and becomes unwell after stopping treatment or needs to have an operation, their natural production of steroids (which helps a child respond to a stressful situation) will be reduced. They may need a short course of steroids to cover this period.
- Keep medicines in a safe place where children cannot reach them.
- The medicines should be stored at room temperature.
- If your child is on a long course of steroids or taking high doses, the dose will be reduced gradually over a period of time as directed by your doctor. When your child has finished the course, return any remaining tablets to the pharmacist. Do not flush them down the toilet or throw them away.

What are the most common side effects?

If your child is given a short course of steroids, they are unlikely to experience many side effects. These effects are temporary and will stop when the course of steroids has finished. If you think that your child is experiencing any of the side effects described below, please contact your GP or health professional who is following up your child's treatment.

- **Changes in behaviour:** you may notice that your child becomes irritable and has mood swings. They may revert to earlier childhood behaviour, for example, tantrums. This effect is usually temporary but please report any concerns to your doctor or nurse who will be able to offer you advice and support.
- **Weight gain:** your child may have an increased appetite, which means they will feel hungrier than usual and therefore might eat more and then gain weight. Keeping to a well balanced diet may help. Another reason why your child might gain weight is due to fluid retention.
- **Irritation of the stomach lining:** these medicines are best taken with meals or after food to reduce any stomach irritation.

What are the less common side effects?

These side effects tend to occur only after long-term use or with high doses.

- **Weight gain:** your child's face may appear more chubby than usual, particularly after long term use of steroid treatment. If the weight gain has been considerable, your child may develop stretch marks, especially on their tummy and thighs.
- **High blood pressure:** your child may complain of having a headache or feeling dizzy.
- **Glaucoma:** loss of vision due to abnormally high pressure in the eye.
- **Alteration in blood sugar level:** steroids may cause a temporary increase in blood sugar levels. Some signs of a raised blood sugar level are thirst and needing to pass more urine than usual.
- **Effect on growth hormone and/or thinning of bones:** if taken over a long period of time or at a high dose, your child's growth may be affected and/or their bones may become thinner. Your child will be monitored closely throughout treatment to reduce the chance of these side effects.

Important information

- **Immunisations** - Steroids affect your child's immune system so children who are receiving a high dose of injected or oral steroids should not be given any "live" vaccines (these are a weakened form of a virus) . Because they could become very ill if they catch one of the diseases that vaccination prevents, it is important that they are up to date with the other vaccines. Your other children should be vaccinated according to the usual schedule and although chicken pox vaccine is not routinely given to all children, it may be advised for the siblings or other close family members of a child who is receiving high dose steroids. If you have any questions about immunisations, please ask your child's doctor.
- **Chicken pox** - If your child has not had chicken pox and is in direct contact with a child who has chicken pox or develops it within 48 hours, you must contact the local hospital immediately. Chicken pox can be more severe in children who are taking steroids. A blood test will be arranged to check your child's antibodies to chicken pox. Your child may need an injection to protect him or her. If your child has chicken pox, it may be necessary to stop the steroid doses. Your doctor will discuss these issues with you.
- **Infections** - Your child may be at an increased risk of infection while they are on steroid treatment. If your child has a fever or becomes unwell, contact your doctor or nurse.
- **Check-ups** - Your child should be monitored closely while on steroid treatment. This may include regular measurement of their weight, blood pressure and urine. This will usually be carried out by your GP surgery, at the hospital, or by the Children's Community Nursing team.

More information

CONQUEST HOSPITAL		EASTBOURNE DGH	
Kipling Ward	01424 758039	Friston SSPAU	01323 414946
Kipling SSPAU	01424 757507		01323 435766
Pharmacy information line: 01323 413785			

For any other health matters not related to your child's current illness or long term condition it may be useful to call NHS 111. NHS 111 is a 24 hours a day, confidential helpline.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

**Tel: (01424) 755255 - ask for the Equality and Human Rights Department.
Email: esh-tr.accessibleinformation@nhs.net**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Paediatric Nursing Team
Paediatric Consultant Paediatricians
Paediatric Pharmacist

The Clinical Specialty that has agreed this patient information leaflet: Women's, Children's and Sexual Health Division.

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