

**THE
THE DONCASTER & BASSETLAW**

Shared Care Protocol

For

HYDROCORTISONE MEDICATION in Children

Shared care guideline developed by:

Dr Anuja Natarajan, DBTHFT

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**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust


Doncaster
Clinical Commissioning Group


Bassetlaw
Clinical Commissioning Group

Shared Care Protocol

For

HYDROCORTISONE MEDICATION in CHILDREN

Statement of Purpose

This shared care protocol (SCP) has been written to enable the continuation of care by primary care clinicians of patients initiated on hydrocortisone by the Paediatricians at DBTH, where this is appropriate and in the patients' best interests. Primary care will only be requested to take over prescribing of hydrocortisone within its licensed indication unless specifically detailed otherwise below. Users should be aware that this document is guidance on the management of a condition, not a commissioning arrangement.

Responsibilities of specialist clinician (Paediatric endocrinologist or paediatrician with special interest in endocrinology)

- To discuss benefits and side effects of treatment with the patient/carer and obtain informed consent, in line with national guidance. This is particularly important for unlicensed products.
- To provide patient / carer with contact details for support and help if required; both in and out of hours
- To initiate hydrocortisone in appropriate patients
- To stabilise any patients and assess dose adjustments
- To prescribe the first month's supply or until patient stable
- To contact patient's primary care prescriber to request prescribing and monitoring under shared care and send a link to or copy of the shared care protocol
- To advise the primary care prescriber regarding continuation of treatment, including the duration of treatment
- To discuss any concerns with the primary care prescriber regarding the patient's therapy
- The patient to normally remain under the specialists' care but if ongoing specialist co-ordination of the patient's care is not required, an individual care plan should be agreed on a case by case basis. This may include depending on the CCG, access to advice and intervention of that specialist in a timelier manner than via a new referral, and may fall outside shared care arrangements. CCG approval may be required.

Responsibilities of the primary care clinician

- To refer appropriate patients to secondary care for assessment
- Confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised (see appendix for template letter). Or To contact the requesting specialists if concerns in joining in shared care arrangements,
- To report any serious adverse reaction to the appropriate bodies eg: MHRA and the referring specialist
- To continue to prescribe for the patient as advised by the specialist
- Ensure monitoring as indicated in monitoring section below
- To inform the specialist if the patient discontinues treatment for any reason
- To seek the advice of the specialist if any concerns with the patient's therapy
- To conduct an annual medication review or more frequent if required In the event that the primary care prescriber is not able to prescribe, or where the SCG is agreed but the specialist is still prescribing certain items e.g. Hospital only product; the primary care prescriber will provide the specialist with full details of existing therapy promptly by a secure method on request.
- For medication supplied from another provider prescribers are advised to follow recommendations for Recording Specialist Issued Drugs on Clinical Practice Systems

Responsibilities of Patients or Carers

- To be fully involved in, and in agreement with, the decision to move to shared care
- To attend hospital and primary care clinic appointments and to bring monitoring information e.g. booklet (if required). Failure to attend will potentially result in the medication being stopped
- Present rapidly to the primary care prescriber or specialist should the clinical condition significantly worsen
- Report any suspected adverse effects to their specialist or primary care prescriber whilst taking hydrocortisone preparation prescribed.
- To read the product information given to them
- To take the preparation of hydrocortisone as prescribed
- Inform the specialist, primary care prescriber or community pharmacist dispensing their prescriptions of any other medication being taken – including over-the-counter medication.

Indication

Hydrocortisone preparation (Alkindi granules, tablets) are indicated in paediatrics for –

HPA axis suppression

Congenital adrenal hyperplasia

Addison's disease

Primary/ Secondary adrenal failure

Hypopituitarism

Selection of patients

Any patients in the paediatric age range 0-18 years under the above indications.
Allergic reaction to a preparation would be the exclusion criteria

Dosage

Dosage of the preparation varies with each medical condition.

Contra-indications and Side effects

<https://bnfc.nice.org.uk/drug/hydrocortisone.html#indicationsAndDoses>

Monitoring

- Monitoring to be done as per clinical indication by the specialist in secondary care.
- Annual monitoring will be undertaken for sick day rules and emergency injection training.
- Patients have open access to children's observation unit for any problems related to the underlying condition

Interactions

<https://bnfc.nice.org.uk/drug/hydrocortisone.html#interactions>

Additional information

<https://bnfc.nice.org.uk/drug/hydrocortisone.html#interactions>

Re-Referral guidelines

Patients will remain under the secondary care until 16 years of age (in some cases 18 years) and then transferred to the appropriate adult secondary services.

Ordering information

No specific requirements.

Contacts for Support, education and information

Contact: Office Hours – Specialist Dr. A. Natarajan
 Telephone 01302 642290

 Out of hours – On-call Paediatrician via DBH switchboard
 Telephone 01302 366666

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Equality and Diversity

Nil

References

Full list of side-effects is given in the hydrocortisone summary of product characteristics (SPC), available from <https://www.medicines.org.uk/emc>

<https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>

As stated under primary care responsibilities, they should communicate with the specialist to confirm the agreement and acceptance of the shared care prescribing arrangement. This may be through a separate transfer of care form or the form on the sample letter below.

Template letter to primary care prescriber

Dear Prescriber

RE: _____ DOB: __/__/____ NHS: _____

**Address: Dr A. Natarajan's secretary, Children's OPD, Doncaster Royal infirmary, Doncaster,
Postcode: DN52LT**

Your patient is being started on treatment with hydrocortisone for [insert indication]

This treatment can be prescribed by primary care prescribers under the Traffic Light System under "shared care" arrangements. This shared care guideline has been approved by the Doncaster and Bassetlaw Area Prescribing Committee.

All monitoring will be undertaken by the secondary care specialist.

Will you please prescribe Hydrocortisone granules for your patient as detailed below?

Diagnosis:

Dose:

Prescription Strength to be dispensed:

Please acknowledge you are happy to take on shared care by completing and returning the slip below to above address or by secure email to - tracey.sinclair@nhs.net

Do not hesitate to contact us if you have any concerns.

Yours sincerely

Clinicians name and designation

IMPORTANT REMINDER

RE: _____ DOB: __/__/____ NHS: _____

Address: _____ Postcode: _____

I AGREE to take on shared care of this patient

I DO NOT AGREE to take on shared care of this patient

Signed _____

Practice _____

Date _____

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