

1. Purpose

To ensure safe, effective, and consistent prescribing, dispensing, and monitoring of prednisolone for patients across all departments.

2. Indications

- Acute asthma/COPD exacerbations
- Allergic conditions (e.g., severe urticaria, anaphylaxis adjunct)
- Inflammatory bowel disease (IBD)
- Dermatological conditions (e.g., eczema, psoriasis)

3. Prescribing Guidelines

Initial Dosing

- Asthma/COPD Exacerbation: 40 mg once daily for 5–7 days
- Autoimmune Flare: 20–60 mg daily depending on severity
- Allergic Reactions: 20–40 mg daily for 3–5 days
- IBD: 40–60 mg/day; taper as appropriate
- Nephrotic Syndrome (children): 2 mg/kg/day (max 60 mg) in divided doses

Maintenance: 5–10 mg/day (adjust based on clinical response)

4. Duration of Therapy and Tapering protocol.

- **Short-term** (<2 weeks): Tapering usually not required.
- **Long-term** (>2 weeks): Taper gradually (reduce by 5–10 mg/week or slower).

5. Patient Counselling

- Take dose in the morning with food to avoid keeping awake
- Do not stop abruptly without medical advice



PREDNISOLONE POLICY

6. Monitoring Requirements

For long-term use or high doses:

Blood pressure and blood glucose every 1–3 month

Mood and behavioral symptoms

Eye exam annually (for cataracts/glaucoma)

Growth monitoring in children

Infection signs (e.g., TB reactivation)

7. Adverse Effects to Watch

Hyperglycemia/ hypertension/Mood changes,
insomnia/Osteoporosis/Cataracts/glaucoma/GI
ulcers/Immunosuppression

8. Special Populations

Pregnancy: Use lowest effective dose; monitor for fetal effects

Children: Monitor growth and development

Diabetics: Close glucose monitoring; adjust antidiabetics.

sources

<http://www.who.int/publications>

<http://www.uptodate.com>