

North of Tyne, Gateshead and North Cumbria Area Prescribing Committee Prednisolone Shared Care Guidance for Renal Transplant

	Indication: Popul transplant						
Introduction	Indication: Renal transplant						
Introduction	Usual dose range: 3-20mg daily						
	Usual maintenance dose: 5mg daily						
	Initial assessment and prescribing						
	Initial safety monitoring						
	Ongoing Responsibilities:						
	Assess and monitor patients' response to treatment						
Specialist Responsibilities	 Provide the GP with relevant information for each patient including the dose recommended 						
	Inform the GP of any dose changes. This will be communicated via						
	clinic letter, unless a dose change is urgent when the message will be						
	relayed by telephone						
	Report any suspected ADRs to MHRA via Yellow Card system. Provide OR vitte and further addition if a provide decade and the control of						
	Provide GP with any further advice if required – where non-urgent this						
	should preferably be sought via Advice and Guidance Portal						
	Maintenance prescribing:						
	Contact Transplant Clinic to accept shared care arrangement with signed						
	form within 28 days						
	Prescribe maintenance dose as directed by nephrologist						
	Ongoing Monitoring:						
	Regular monitoring to be undertaken in specialist Transplant Clinic						
	Management of hypertension in co-operation with the Transplant Clinic						
	according to NICE Hypertension Guidelines						
	Management of hyperlipidaemia in co-operation with the Transplant Clinic						
GP Responsibilities	NHS screening according to usual practices <u>NHS screening - NHS</u>						
GP Responsibilities	(www.nhs.uk)						
	Vaccination to include annual influenza vaccination, 5-yearly						
	pneumococcal vaccination, COVID-19 vaccination and AVOID live						
	vaccinations Greenbook cover Jan21 (publishing.service.gov.uk)						
	Prolonged treatment with corticosteroids may lead to adrenal suppression.						
	Abrupt withdrawal of prednisolone in patients on long-term treatment						
	should be avoided and increased doses provided at times of physiological						
	stress. All patients taking 5mg per day or more should be provided with a						
	Steroid Emergency Card NHS England » Steroid Emergency Card to						
	support early recognition and treatment of adrenal crisis in adults						
Adverse Effects,							
Precautions,	Diagon refer to DNF or CDC						
Contraindications,	Please refer to BNF or SPC						
Common Drug Interactions							
	Transplant secretary: 0191 2138140						
	Renal Pharmacists email: nuth.renalpharmacy@nhs.net						
Contact Details	For non-urgent queries please contact the Renal Unit using Advice and						
	Guidance https://nww.ebs.ncrs.nhs.uk/main						
	Ward 32 number for emergencies only: 0191 2137032						

This information is not inclusive of all prescribing information and potential adverse effects. Please refer to full prescribing data in the SPC or the BNF

Issued: Dec 2021 Review Date: Dec 2024

North of Tyne, Gateshead and North Cumbria

Area Prescribing Committee Formulary



Private and Confidential

Prednisolone shared care request/confirmation

- Specialist Prescriber to complete first section of form and send to patient's GP.
- GP to complete second section of form and return to specialist prescriber within 28 days
- A copy of the full shared care guideline can be viewed at www.northoftyneapc.nhs.uk

Specialis	t Prescriber											
Departme	ent											
Hospital												
Telephon	е											
Patient details (use hospital label if preferred)												
Name												
Address												
Postcode												
NHS or H	osp reg no		Ma	ale / Female	•	DoB						
Treatment requested for prescribing in accordance with an Approved Shared Care Arrangement												
Drug Information – Prednisolone												
Formulati			Do			Frequency						
Indication – Renal transplant												
Other information (if appropriate)												
Signed (Specialist			Name					Date				
Prescribe	er)			(Print)								
T. b		n n						Diana	4! . 1			
To be completed by GP I ACCEPT the proposed shared care arrangement for this patient								Please tick one box				
I ACCEPT the proposed shared care arrangement with the caveats below												
I DO NOT ACCEPT the proposed shared care arrangement for this patient												
My caveats/reason(s) for not accepting include:												
Signed			Name (print)					Date				

N.B. Participation in this shared care arrangement implies that prescribing responsibility is shared between the specialist prescriber and the patient's GP

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