

Perioperative Stress Dose Guidelines

Recommendations:

For patients on chronic steroids/with adrenal insufficiency, which is defined as patients taking systemic steroids at the time of the procedure, or who has been on at least 2 weeks of systemic steroid (any dose) during the 1 month prior to the procedure.

Superficial/Minor procedures, non-invasive and minimally invasive (including but not limited to ear tubes, ABR, radiology studies, LPs, biopsy, vascular access)

- For patients > 1 year of age, 0.8 mg/kg of hydrocortisone will be given by the anesthesiologist after IV access is obtained. If the patient goes through PARC, we will write the recommended dose in the Additional comments section.
- For patients ≤ 1 year of age, please consult Endocrine for recommendations.
- If intraoperative dexamethasone (0.5 mg/kg dose, max 12mg) is given for ENT prophylaxis, **no stress dose is needed**. If intraoperative dexamethasone (0.1 mg/kg) is given for PONV prophylaxis, **no stress dose is needed**.
- **EXCEPTIONS - no stress dose steroids for hematology/oncology/stem cell transplant or ANY organ transplant patients (kidney/liver/small bowel/heart/lung) unless symptomatic during/after anesthesia. For INPATIENTS, stress dose steroids may not be necessary if patient receiving systemic steroids and will be monitored postoperatively. Please notify primary teams for these patients to discuss the plan. Please make sure that patient who are on daily steroids for hematology/oncology/stem cell transplant continue to receive their daily steroids without delay in dosing.**

Moderate and Major procedures

- Stress dose steroids will be given based on endocrine recommendations. An endocrine consult will be requested by PARC if we do not have recommendations in the last 6 months (or earlier if changes in their daily steroid doses). For patients that do not go through PARC (mostly add-ons), urgent Endocrine consults may need to be requested if no recent recommendations available. Endocrine will usually recommend stress dose steroids to be given within 3-6 months of the last steroid dose, as full recovery of the hypothalamic-pituitary-adrenal axis takes 3-6 months. Discussions about stress dose steroids should take place with oncology and transplant patients.
- If intraoperative dexamethasone (0.5 mg/kg dose, max 12mg) is given for ENT prophylaxis, **no stress dose is needed**. If intraoperative dexamethasone (0.1 mg/kg) is given for PONV prophylaxis, **no stress dose is needed**.
- **EXCEPTIONS - For hematology/oncology/stem cell transplant or ANY organ transplant patients (kidney/liver/small bowel/heart/lung), please discuss with Endocrine and Primary team colleagues about the need for stress dose steroids for moderate/major procedures.**

For patients with "**partial**" **adrenal insufficiency** (borderline HPA axis testing, may not be on daily steroids), please give stress dose steroids with procedure as recommended by Endocrine. Endocrine will have written recommendations in their notes and in patient care coordination notes. Endocrine will prescribe oral steroids at home for 24 hours post-procedure.