



THE SCOTTISH OFFICE

Department of Health

NHS  
MEL(1998)35

NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG  
11th May 1998

Dear Colleague

**REVISED NATIONAL STEROID TREATMENT CARD**

**Summary**

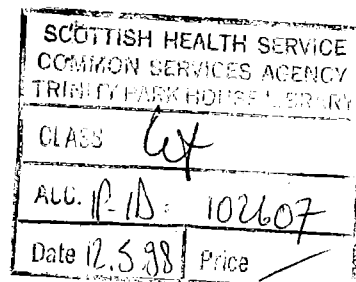
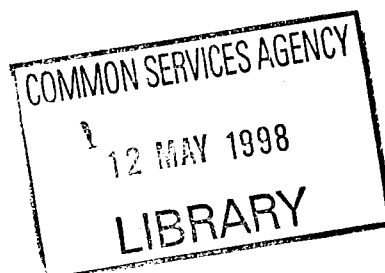
This letter advises Health Boards and NHS Trusts of the publication of the revised National Steroid Treatment Card.

**Action**

Health Boards and NHS Trusts are asked to bring the Memorandum to this letter to the attention of GPs, relevant hospital clinicians, nurses and hospital and community pharmacists.

Yours sincerely

AGNES ROBSON  
Directorate of Primary Care



May 1998

**Addressees**

For action:  
General Managers,  
Health Boards

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Common Services Agency

General Manager,  
State Hospitals Board  
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General Manager  
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Chief Pharmacists,  
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## Background

1. Hospital Memorandum HM(61)39 (May 1961) introduced a standard card to be carried by patients receiving steroid therapy. The card is needed because treatment with systemic corticosteroids suppresses the adrenal and immune responses. This has a number of potentially serious consequences including adrenal crisis if steroid treatment is stopped abruptly or there is some other physiological stress, or of overwhelming infection.
2. The steroid treatment card carries a series of instructions for the patient and informs health professionals to whom the patient shows the card that they are receiving systemic corticosteroid treatment, the name of the drug concerned and its dose.
3. The card was introduced in 1961 and is widely considered to have become outdated, as new systemic corticosteroid treatments have since been developed and the ways in which they are used have changed. In addition, deaths in patients who caught chickenpox whilst on systemic steroids raised awareness that patients on steroids needed to be specifically warned of their increased susceptibility to chickenpox and other infections. It has been agreed that a warning regarding this should be added to the steroid treatment card.
4. In consultation with the relevant professional and patient interests, the national steroid treatment card has therefore been revised. The text of the card is given in the annex of the memorandum.



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General Manager, Common Services Agency  
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26 May 1998

Dear Colleague

### **REVISED NATIONAL STEROID TREATMENT CARD: MEL(1998)35**

I attach a copy of a revised Annex to the above MEL which was sent out with an incorrect statement. The statement should read "I am a patient on STEROID treatment which must not be stopped suddenly.

I very much regret the unfortunate error. I would be very pleased if this could be brought to the attention of GPs, relevant hospital clinicians, hospital community pharmacists and nurses. A bulk supply of the corrected annex to the memorandum MEL(1998)35 will be sent out to Health Boards and NHS Trusts for distribution in the usual way. All recipients should be asked to replace the original annex with the corrected version.

Yours sincerely

MRS M A MACLEOD

**STEROID TREATMENT CARD**

**I am a patient on STEROID treatment which must not be stopped suddenly.**

- If you have been taking this medicine for more than three weeks, the dose should be reduced gradually when you stop taking steroids unless your doctor says otherwise
- Read the patient information leaflet given with the medicine
- Always carry this card with you and show it to anyone who treats you (for example a doctor, nurse, pharmacist or dentist). For one year after you stop the treatment, you must mention that you have taken steroids.
- If you become ill, or if you come into contact with anyone who has an infectious disease, consult your doctor promptly. If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you do come into contact with chickenpox, see your doctor urgently.
- Make sure that the information on the card is kept up to date.

<b>Name</b>	
<b>Address</b>	
<b>Tel No:</b>	
<b>GP</b>	
<b>Hospital</b>	
<b>Consultant</b>	
<b>Hospital No:</b>	

Date	Drug	Dose