High dose steroid administration

Children with conditions requiring high dose corticosteroid therapy (intravenous or sometimes oral) can be managed through Hospital-in-the-Home (HITH) as a planned admission. Conditions include infantile spasms, intractable epilepsy, optic neuritis, multiple sclerosis and other rheumatological, dermatological or inflammatory illnesses. As with all HITH admissions, this requires a safe home environment and consent.

HITH (Wallaby) admission criteria and protocol

Wallaby not Appropriate

- Clinically unstable or febrile

→ Remain in hospital

Wallaby possible

- Lives > 60km from RCH
- Patients with infantile spasms must live within 30km

→ Contact HITH fellow on 52784, or HITH AUM on

Wallaby appropriate

- Medical condition requiring daily IV methylprednisolone or oral prednisolone
- Seizure management plan in place (if seizure disorder)
- IV access in situ (if required)

→ Contact HITH AUM on 52598. Complete EMR HITH

Prior to Wallaby admission:

- Referring team to contact HITH AUM to arrange appropriate day for planned admission
- HITH CNC/AUM will contact patient & family after referral accepted
- Referring team to complete HITH order set on EPIC:
  - Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN
    Sodium chloride flush 0.5-2ml IV PRN
    Weak and Strong Heplocks IV PRN
  - Corticosteroid medication charted (or script provided if oral)
  - EMR referral to HITH
- Referring team to arrange IV access if required
- Referring team to provide scripts to family for additional oral medications if required (consider PJP prophylaxis, PPI cover)

HITH protocol – nursing and medical

Home team medical responsibilities

Prescription for oral medication (if required)

Clearly document, book and communicate plan (including end date of steroid therapy) & follow-up

Overall medical responsibility for patient

Counsel family regarding delaying immunisations until at least 1 month after completing steroids

If recurring admissions required, home team to book Day Medical visits and advise Wallaby to coordinate Wallaby admission

HITH medical team responsibilities

Troubleshoot line concerns

Bi-weekly case conference to review patient progress

Wallaby care requirements

Daily IV corticosteroid administration, or support oral medication administration & compliance

Daily nursing review including temperature & BP monitoring, fluid balance assessment

Assess seizure diary (if relevant)

Twice weekly weight & BSL monitoring (for infantile spasm protocol)

Collect pathology as per orders if required

Potential issues

Infantile spasm protocol specific: (reportable levels to neurology)

- Hypertension
- Weight gain >10%
- Increase in urinary output or thirst
- Vomiting
- Seizures or lethargy
- Temperature >38C degrees

Clinical deterioration – discuss with home team (serious side effects include infection, hypertension, raised BSLs, decreased stress response)

Not tolerating steroids – discuss with home team (common side effects include appetite stimulation, weight gain, irritability, sleep disturbance, GI disturbance)

Exposure to chicken pox – contact home team immediately

Concerns re venous access – discuss with HITH medical team

Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)

Readmission

If clinical deterioration or requiring further intervention

Home team to liaise with bed manager to facilitate ward transfer if stable, or ED AO if unstable

Discharge plan

Discharge once completed IV corticosteroid course, or for infantile spasm protocol: transfer to PA after 48-72 hours & once clinically stable

Wallaby ward will arrange line removal if required

Follow up as per home team

Last update Aug 2022