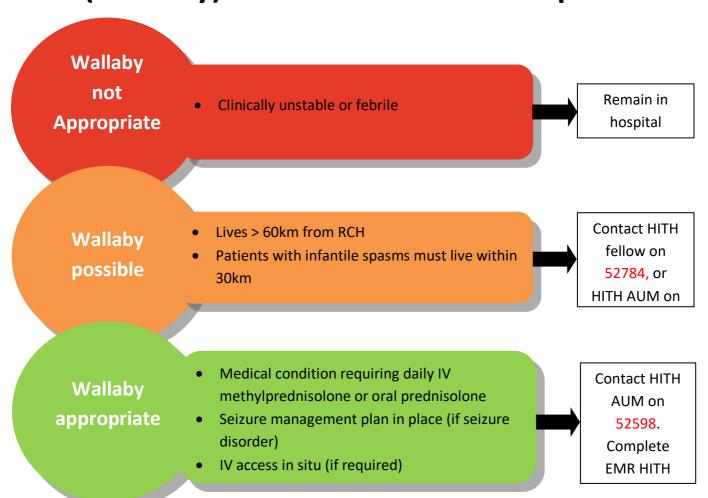


## High dose steroid administration

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



### 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