



ADULT MEDICATION GUIDELINE

Prednisolone

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

Quick Links

[Dose](#)

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[Pregnancy and Breastfeeding](#)

Restrictions

[Formulary: Unrestricted](#)

Ointment: Non-Formulary - [IPA Required](#)

Medication Class

Corticosteroid

Presentation

Tablet: 1mg, 5mg, 25mg

Oral liquid: 5mg/mL

Combination products:

Ointment: Prednisolone 1.9mg/g with Cinchocaine 5mg/mg

Eye drop: Prednisolone 1% with Phenylephrine 0.12%

Storage

Store at room temperature, below 25°C

Dose

Autoimmune or inflammatory disease

Oral:

Initially 5 – 60mg once daily depending on the disease and its severity (may need to be given in 2 doses initially for severe disease). Taper dose according to response

Usual maintenance dose 2.5 - 15mg once daily

Acute asthma

Oral:

40 – 50mg once daily for 5 – 10 days

COPD exacerbation

Oral:

40 – 50mg once daily for 5 – 14 days

Acute gout

Oral:

20 – 50mg once daily for 3 – 5 days

Haemorrhoids

Refer to [Bowel Care](#)

Postpartum Management of HELLP Syndrome

Seek specialist advice

Refractory hyperemesis gravidarum

Seek specialist advice

Refer to [Australian Prescriber: Treatment of nausea and vomiting in pregnancy](#) and [Clinical Practice Guideline: First trimester complications](#)

Administration

Oral

Take with or soon after food in the morning

If used long-term, do not stop taking abruptly; taper dose before ceasing

Monitoring

Measure blood glucose, electrolytes, lipids, weight and BP at baseline, then monitor regularly during treatment

Watch for signs and symptoms of infection, however, these may be masked

Monitor for cataracts and glaucoma in patients on long term corticosteroids

Chronic use of corticosteroids can cause adrenal suppression; consider need for withdrawing

treatment gradually as abrupt withdrawal can result in adrenal crisis

Pregnancy

1st Trimester: Consider alternative

2nd Trimester: Considered safe to use

3rd Trimester: Considered safe to use

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Breastfeeding

Considered safe to use. For high maternal doses, consider withholding feeds for 3 – 4 hours following dose if possible.

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

[Antenatal use of corticosteroids](#)

[Bowel care](#)

[Diabetes in obstetrics & gynaecology](#)

[Hypertension in pregnancy: medical management](#)

[Minor symptoms or disorders in pregnancy](#)

[Morning sickness \(patient brochure\)](#)

[Pregnancy care: First trimester complications](#)









[Pregnancy, birth and your baby \(patient booklet\)](#)

References

Australian Medicines Handbook. Prednisolone. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2021 [cited 2021 Jun 03]. Available from: <https://amhonline.amh.net.au/>

The Royal Women's Hospital. Prednisolone. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2021 [cited 2021 Jun 03]. Available from: <https://thewomenspbmg.org.au/>

Taylor T. Treatment of nausea and vomiting in pregnancy. Australian Prescriber. 2014 Apr 01; 37(2): 42-5. Available from: <https://www.nps.org.au/australian-prescriber/>

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