



Prednisolone for asthma

This leaflet is about the use of prednisolone for asthma.

This leaflet has been written for parents and carers about how to use this medicine in children. Our information sometimes differs from that provided by the manufacturers, because their information is usually aimed at adult patients. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.

If your child has been taking prednisolone for longer than 2-3 weeks, do not stop giving this medicine suddenly, as your child is likely to become unwell.

Name of drug

Prednisolone (pred-NIS-oh-lone)

There are many common brands of prednisolone available.

Why is it important for my child to take this medicine?

Prednisolone is from a family of medicines known as steroids. It is used to help reduce the symptoms of asthma, such as wheeze. If your child has severe asthma, taking prednisolone regularly will help prevent asthma attacks and control symptoms such as wheezing. If your child had had an asthma attack, your doctor may suggest that they take a high dose of prednisolone for a few days, to help them recover. Prednisolone is usually used alongside other asthma treatments such as inhalers.

What is prednisolone available as?

- **Tablets:** 1 mg, 5 mg, 25 mg
- **Soluble tablets:** 5 mg
- **Enteric-coated tablets (Deltacortril®):** 2.5 mg, 5 mg

Some forms of prednisolone may contain lactose.

When should I give prednisolone?

Prednisolone is usually given **once** each day, usually in the morning.

Give the medicine at about the same time each day so that this becomes part of your child's daily routine, which will help you to remember.

How much should I give?

Your doctor will work out the amount (the dose) that is right for *your* child. The dose will be shown on the medicine label.

 **It is important that you follow your doctor's instructions about how much to give.**

How should I give it?



Tablets should be swallowed with a glass of water, milk or juice. Your child should not chew the tablet.

You can crush the tablet and mix it with a small amount of soft food such as yogurt, honey or jam. Make sure your child swallows it straight away, without chewing.

Do not crush enteric-coated tablets. These have a coating to protect the stomach, and need to be swallowed whole.



Soluble tablets: Dissolve the tablet in a glass of water or squash. Your child should drink it all straight away. You can give the mixture to your child using an oral syringe or spoon.

When should the medicine start working?

Prednisolone should start to help your child's wheezing soon after taking it, but usually takes 4–6 hours to have its full effect.

What if my child is sick (vomits)?

- If your child is sick less than 30 minutes after having a dose of prednisolone, give them the same dose again.
- If your child is sick more than 30 minutes after having a dose of prednisolone, you **do not** need to give them another dose. Wait until the next normal dose.

If your child is sick again, seek advice from your GP, pharmacist or hospital. They will decide what to do based on your child's condition and the specific medicine involved.

What if I forget to give it?

You can give your child the missed dose as soon as you remember on the same day. If you remember after they have gone to bed, do not give them the missed dose. Give the next dose in the morning as usual.

 **Never give a double dose of prednisolone.**

What if I give too much?

 **It can be dangerous to give too much prednisolone.**

If you think you may have given your child too much prednisolone, contact your doctor or local NHS services (111 in England and Scotland; 0845 4647 in Wales). Have the packet with you if you telephone for advice.

Are there any possible side-effects?

We use medicines to make our children better, but sometimes they have other effects that we don't want (side-effects).

It is unlikely that your child will have side-effects if they only take prednisolone for a few days. They are more likely to get side-effects if they are on a high dose, have extra doses or take prednisolone for a long time. Your doctor will use the lowest possible dose for as little time as possible to avoid side-effects.

Side-effects that you must do something about

 If your child has bad stomach pain or repeated vomiting (being sick), contact your doctor straight away. This may be due to an ulcer or inflammation of the pancreas.

 If your child develops a rash or severe/unexplained bruising, contact your doctor straight away, as there may be a problem with your child's blood.

 If your child has eye pain or changes in their vision, contact your doctor straight away.

Other side-effects you need to know about

- Your child may have stomach ache, feel sick or be sick (vomit) or may have indigestion (heartburn). Giving the medicine with some food may help.
- Your child may have an increased appetite and may gain weight while taking prednisolone. You can help by making sure your child has plenty of physical activity, and by offering fruit and vegetables and low-calorie food, rather than food that is high in calories (e.g. cakes, biscuits, sweets, crisps).
- Your child may have trouble sleeping and nightmares and may feel depressed, or their behaviour may change in other ways. Contact your doctor for advice if you are concerned.

Side-effects with high doses or long courses

- Prednisolone can slow growth and affect puberty. It can also cause growth of body hair and irregular periods in girls. Your doctor will check your child's growth and development. If you have any concerns, talk to your doctor.
- Your child may be more at risk of severe infections. They should stay away from anyone with an infection (such as chicken pox, shingles, measles) if they have not had these illnesses or have not been vaccinated for measles.
- If your child is unwell and you are worried about an infection, contact your doctor straight away.
- Your child's skin may become thinner, and heal more slowly than usual. Acne (spots) may become worse or your child may develop mouth ulcers or thrush (candidiasis). If you are concerned, contact your doctor.
- Your child may develop problems with their hip bones or their bones may become weaker (osteoporosis). The muscles around the hips and shoulders may also become weaker. If your child has any difficulty walking or moving around, contact your doctor.
- Occasionally, prednisolone causes diabetes. If your child seems more thirsty than normal, needs to pass urine (wee) often, or starts wetting the bed at night, contact your doctor.

There may, sometimes, be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor. You can report any suspected side-effects to a UK safety scheme at <http://www.mhra.gov.uk/yellowcard>.

Can other medicines be given at the same time?

- You can give your child medicines that contain paracetamol or ibuprofen, unless your doctor has told you not to.
- Check with your doctor or pharmacist **before** giving any other medicines to your child. This includes herbal or complementary medicines.

Is there anything else I need to know about prednisolone?

- ⚠ For children who have been taking prednisolone in high doses or for longer than 2-3 weeks:
 - They **must not** stop taking the medicine suddenly because they may get withdrawal symptoms: they will feel unwell, dizzy and thirsty and may be sick (vomit). If this occurs, you should contact your doctor straight away.
 - If your doctor decides to stop prednisolone, they will reduce the dose gradually before stopping it completely. Make sure you follow your doctor's instructions.
 - Your doctor or pharmacist should give your child a Steroid Card, which contains useful advice about what to do if your child becomes unwell. Your child should keep this card with them at all times.
 - Make sure that you always have enough medicine. Order a new prescription at least 2 weeks before you will run out.

General advice about medicines

- Try to give medicines at about the same times each day, to help you remember.
- Only give this medicine to your child. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.
- ⚠ If you think someone else may have taken the medicine by accident, contact your doctor straight away.
 - Make sure that the medicine you have at home has not reached the 'best before' or 'use by' date on the packaging. Give old medicines to your pharmacist to dispose of.

Where should I keep this medicine?

- Keep the medicine in a cupboard, away from heat and direct sunlight. It does not need to be kept in the fridge.
- Make sure that children cannot see or reach it.
- Keep the medicine in the container it came in.

Who to contact for more information

Your child's doctor, pharmacist or nurse will be able to give you more information about prednisolone and about other medicines used to treat asthma.

You can also get useful information from:

England - NHS 111: 111 - www.nhs.uk

Scotland - NHS 24: 111 - www.nhs24.com

Wales/Galw Lechyd Cymru - NHS Direct: 0845 4647 - www.nhsdirect.wales.nhs.uk

Northern Ireland - NI Direct: www.nidirect.gov.uk

Asthma UK: www.asthma.org.uk - 0300 222 5800

www.medicinesforchildren.org.uk



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The primary source for the information in this leaflet is the British National Formulary for Children. For details on any other sources used for this leaflet, please contact us through our website, www.medicinesforchildren.org.uk

We take great care to make sure that the information in this leaflet is correct and up-to-date. However, medicines can be used in different ways for different patients. It is important that you ask the advice of your doctor or pharmacist if you are not sure about something. This leaflet is about the use of these medicines in the UK, and may not apply to other countries. The Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading this leaflet.