

DRUG CARDS | DAILY



GENERIC

prednisolone (pred NIS oh lone)

BRAND

Orapred, Flo-Pred, Millipred

CLASSIFICATION

Glucocorticoid

FORM & STRENGTH

TAB: 5 mg | ODT: 10 mg, 15 mg, 30 mg | SOLN: 5 mg/5 mL, 10 mg/5 mL, 15 mg/5 mL, 20 mg/5 mL, 25 mg/5 mL

INDICATIONS & DOSING | ADULTS

**** GIVE W/ FOOD | IF ODT DON'T CHEW/CRUSH/CUT | IF HIGH-DOSE OR LONG-TERM USE, GRADUAL TAPER TO D/C ****

1). ASTHMA (SEVERE / PERSISTENT)

- Tx range is b/t 7.5-60 mg PO qd-qod

3). CORTICOSTEROID-RESPONSIVE CONDITIONS

- Tx range is b/t 5-60 mg PO qd-qid
- Dose & Freq varies by condition

4). ADRENAL INSUFFICIENCY

- Tx range is b/t 4-5 mg/m²/dose PO qd

* OFF LABEL | FOCAL SEGMENTAL GLOMERULOSCLEROSIS

- Wt based: 1 mg/kg/dose po qd x4-16 wks (MDD: 80 mg)
- Alt wt based: 2 mg/kg/dose po qod x4-16 wks (MDD: 120 mg)
- Taper dose by 5mg/day q1-2 wks for 6 months therapy

2). ASTHMA (ACUTE)

INPATIENT / ED / HOSPITAL

- Dosed PO b/t 40-80 mg/day
- Dose is taken qd-bid
- Target is until peak flow 70% predicted

OUTPATIENT BURST TX

- Dosed PO b/t 40-60 mg/day
- Dose is taken qd-bid
- Duration of therapy b/t 3-10 days

5). MULTIPLE SCLEROSIS (ACUTE EXACERBATION)

- 1250 mg po qd x3-5 days

6). GOUT (ACUTE)

- 0.5 mg/kg/day po x5-10 days

* OFF LABEL | MINIMAL CHANGE DISEASE

- Wt based: 1 mg/kg/dose po qd (MDD: 80 mg/day)
- Alt wt based: 2 mg/kg/dose po qod (MDD: 120 mg/day)
- Duration of therapy is x4-16 wks for either dosing.

* OFF LABEL | ALCOHOLIC HEPATITIS (ACUTE)

- 40 mg po qd

INDICATIONS & DOSING | PEDIATRICS

**** GIVE W/ FOOD | DON'T CHEW/CRUSH/CUT ODT | GRADUAL TAPER TO D/C IF HIGH-DOSE OR LONG-TERM USE ****

1). ASTHMA (SEVERE PERSISTENT)

- Wt based: 0.25-2 mg/kg/day po qd-qod (MDD: 60 mg)

3). CORTICOSTEROID-RESPONSIVE CONDITIONS

- Wt based: 0.14-2 mg/kg/day po divided qd-qid
- Alt dosing: 4-60 mg/m²/day po divided qd-qid
- Freq of use varies by condition

4). ADRENAL INSUFFICIENCY

- 4-5 mg/m²/dose po qd

2). ASTHMA (ACUTE)

INPATIENT / ED / HOSPITAL

- 1-2 mg/kg/day po divided qd-bid (MDD: 60 mg)
- Until peak flow 70% predicted

OUTPATIENT BURST TX

- 1-2 mg/kg/day po divided qd-bid
- Duration of therapy: x3-10 days
- MDD: 60 mg

5). NEPHROTIC SYNDROME

- 60 mg/m²/day po divided qd-tid x4-6 wks, then 40 mg/m²/dose po qod x4-6 wks
- MDD: 60 mg/day (if tid dosing); 50 mg/dose (if qod dosing)
- Alt dosing: 2 mg/kg/day po divided qd-tid x4-6 wks, then 1.5 mg/kg/dose qod x4-6 wks

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MOA & PHARMACOKINETICS

MECHANISM OF ACTION:

Inhibition of multiple inflammatory cytokines.
Glucocorticoid and mineralocorticoid effects.
Exact MOA is unknown.

ABSORPTION:

Rapid and well absorbed from the GI tract.

DISTRIBUTION:

>70-90% protein bound in the plasma.

METABOLISM:

Hepatically metabolized via CYP450 and 3A4

ELIMINATION:

Excreted in the urine. T1/2 b/t 2-4 hrs in plasma and b/t 18-36 hrs biologically.

SPECIAL POPULATIONS & CONSIDERATIONS

No adjustments in renal impairment w/ hepatic adjustments not defined. Use the lowest possible dose to control the treatment under condition. Gradual dose reductions if pt was on high doses or a a long-term regimen. In pregnancy risk/benefit should be weighed in 1st trimester due to risk of orofacial cleft, low birth wt, and premature birth.

SIDE EFFECTS | COMMON

Weight gain, abdominal discomfort, rash, urticaria, n/v, fluid retention, hypokalemia, BP elevation, diaphoresis, muscle & skin atrophies if long-term use.

SIDE EFFECTS | SERIOUS

Adrenal insufficiency, steroid psychosis or myopathy, infection, diabetes mellitus, Cushing syndrome, HTN, CHF, tendon rupture, and eyes issues if long-term use.

DRUG INTERACTIONS | CONSIDERATIONS

CYP3A4 substrate	hypertensive effects
GI mucosal bleed risk	hypokalemia
hyperglycemic effects	immunosuppressive effects
hypernatremia	lowers seizure threshold

DRUG INTERACTIONS | DRUGS OF NOTE

CONTRAINDICATED:	AVOID:	MONITOR:	CAUTION:
live vaccines	furosemide	alendronate	Cancer meds
desmopressin	midodrine	blood sugar meds	humanized antibodies
mifepristone	other steroids	BP meds	antifungals

MONITORING PARAMETERS

Blood pressure, weight, electrolytes, BMD in pts 65 years of age or older, and if long-term therapies chest & GI x-rays and ophthalmic exam should be considered.

PATIENT COUNSELING

Tell MD of medical hx of eye disease such as cataracts, glaucoma, and heart problems such as HF and recent heart attack and high blood pressure.

Drug may make you dizzy and should not be used alongside alcohol and marijuana. Use should be limited with substances and meds that cause dizziness.

Should be taken with food/meals and if a dose is missed for the day take immediately.

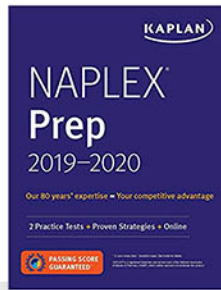
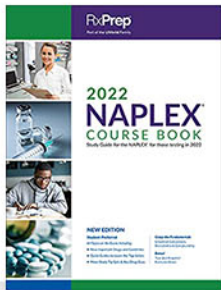
Use of corticosteroids may make it difficult for the body to react to physical stress (surgery, emergency treatment).

REFERENCES

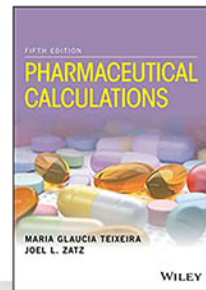
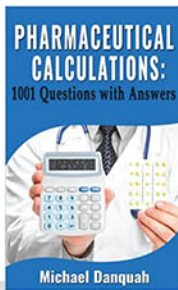
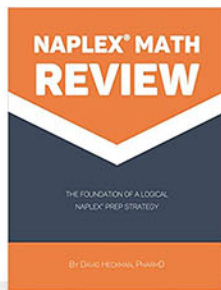
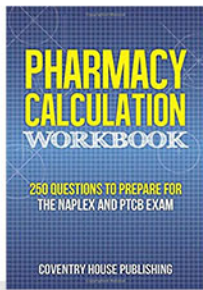
- 1). <https://online.epocrates.com/drugs/65/prednisolone>
- 2). <https://www.drugs.com/pro/prednisolone-oral-solution.html>
- 3). <https://www.webmd.com/drugs/2/drug-6307-2333/prednisolone-oral/prednisolone-liquid-oral/details>
- 4). http://www.druglib.com/druginfo/prednisolone/description_pharmacology/

PREPARE FOR SUCCESS!

Comprehensive (NAPLEX)



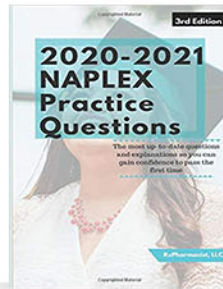
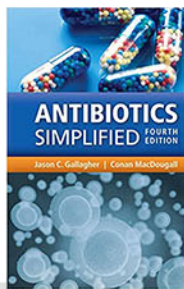
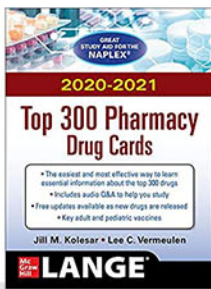
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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