REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

hydrocortisone sodium succinate

Effective Date: Dec 2012 **Revised Date:** March 2024	CLASSIFICATION **Corticosteroid**	OTHER NAMES **Solu-Cortef**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse
IV Bolus - May be administered by a nurse
IM Injection - May be administered by a nurse
Subcutaneous - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg, 250 mg, 500 mg, 1 gram sterile powder vials

Acto-O-Vial System:

- Mix the medication vial by pressing down on the top of the vial to release the cork and force diluents into the lower compartment.
- Shake the vial to mix the medication solution well.
- Remove the plastic tab covering the center of the stopper.
- Sterilize the top of vial.
- Insert the needle through the center of the stopper, invert the vial and withdraw the appropriate dose.

Dose	Diluent volume	Final volume	Final Concentration
100 mg	1.8 mL	2 mL	50 mg/mL
250 mg	1.8 mL	2 mL	125 mg/mL
500 mg	3.8 mL	4 mL	125 mg/mL
1 g	7.3 mL	8 mL	125 mg/mL

IV Intermittent Infusion:

- Reconstitute vial as described above
- Dilute dose to concentration of 1 mg/mL
- If fluid restricted, dilute dose in 50 or 100 mL of IV solution

Dose	Minimum Amount of Diluent (non-fluid restricted patients)
100 mg	100 mL
250 mg	250 mL
500 mg	500 mL
1 g	1000 mL

IV Bolus: Administer undiluted over 1 to 3 minutes

IM/Subcutaneous: Administer undiluted

Maximum rate: IV Bolus: 500 mg over 30 seconds
Over 10 minutes for doses greater than 500 mg

Maximum concentration: 125 mg/mL (IV Intermittent)

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STABILITY/COMPATIBILITY:

Stability of Reconstituted Solution: 3 days at room temperature if protected from light
Stability of Final Admixture: 4 hours at room temperature

Compatibility: Compatible with normal saline, D5W, combination saline-dextrose solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Cardiovascular: hypertension
- Central nervous system: depression, emotional lability, euphoria, headache, insomnia, malaise, paresthesia, personality changes, psychiatric disturbances, seizure, tingling of skin (especially in the perineal area), vertigo
- Endocrine/metabolic: adrenal insufficiency, Cushing's syndrome, hyperglycemia, pheochromocytoma crisis, fluid retention, glycosuria, hypokalemia, hypokalemic alkalosis, sodium retention
- Neuromuscular and skeletal: osteoporosis
- Ophthalmic: cataract, glaucoma, increased intraocular pressure

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dosage adjustment not required in renal/hepatic dysfunction.
- Recommended monitoring parameters (dependent on indication): serum glucose and electrolytes, blood pressure, weight, presence of infection
- Use with caution in patients with heart failure, hypertension, diabetes.
- Withdrawal and discontinuation should be done slowly after receiving high doses for prolonged periods.
- ELDER ALERT: Use smallest possible dose for shortest possible duration due to increased risk of adverse effects.