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## **Corticosteroid, a.k.a “Steroid” Consent Form**

The clinician has reviewed with me the potential risks, side effects, alternatives, and complications of taking steroids, including but not limited to:

- ORAL STEROIDS, e.g. Prednisone, Methylprednisolone, (Medrol), Cortisone (Decadron)
- INJECTION STEROIDS, e.g. Triamcinolone (Kenalog)
- IV STEROIDS, e.g. Dexamethasone, Methylprednisolone

We have also discussed the reasons for taking steroids, including the potential benefits, as well as alternative treatments in place of taking steroids. I understand that risks of taking steroids include but are not limited to:

- Elevated pressure in the eyes (glaucoma)
- Fluid retention, causing swelling in the eyes, face, hands, feet, legs
- Increased blood pressure, myocardial infarction, arrhythmias, cerebro-vascular disease
- Mood swings (from mild irritability to severe mania, depression, seizures, suicidal ideation)
- Weight gain, with fat deposits in your abdomen, face and the back of your neck
- Cataracts; vision problems; eye pain
- High blood sugar, which can trigger or worsen diabetes
- Increased risk of infections
- Loss of calcium from bones, which can lead to osteoporosis and fractures
- Avascular necrosis (cellular death of bone components due to interruption of blood supply)
- Menstrual irregularities
- Suppressed adrenal gland hormone production
- Thin skin, easy bruising and slower wound healing
- Increased acne or folliculitis
- Gastro-intestinal ulcers, nausea, vomiting, stomach upset
- Muscle atrophy; joint or groin pain
- Insomnia
- Growth problems in growing children
- Local effects of skin, fat or muscle where steroids are directly injected, including fat atrophy and muscle atrophy causing a divet in the skin/muscle, or loss of skin pigmentation in around the area of injection.
- Some adverse effects are dose and frequency related but some may happen randomly.

\_\_\_\_\_ Initial      I understand the risks above and also understand that I have alternatives to the use of oral steroids.

\_\_\_\_\_ Initial      I also acknowledge that the clinician has reviewed the use of this medication with me in detail, and answered all of my questions on the subject of the use of this medication.

\_\_\_\_\_ Initial      I understand and agree to the use of steroid medication in the management of my condition and request that the clinician proceed with the prescription or administration of steroids.

\_\_\_\_\_ Initial      I acknowledge that I have been given a copy of this form, and it is also posted on the web site – [www.asthma2.com](http://www.asthma2.com).

\_\_\_\_\_ Initial      I understand that should I experience a side effect I am to call my prescribing clinician immediately or head to the nearest emergency room.

\_\_\_\_\_  
Patient or Guardian/Caregiver Signature

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date