

Dexamethasone (Decadron)

[Adult Airway Reactive Airway Disease](#)
[Adult Medical Allergic Reaction Anaphylaxis](#)
[Pediatric Airway Reactive Airway Disease](#)
[Pediatric Croup/Epiglottitis](#)
[Pediatric Medical Allergic Reaction/ Anaphylaxis](#)
[Suspected Adrenal Insufficiency \(Vasopressors\)](#)
[COVID-19 Patient Management](#)

I	Adult	10 mg IV/IO/IM/PO over 2 minutes (IV medication can be given PO).
	Pediatric	0.6 mg/kg IV/IO/IM/PO over 2 minutes to a max of 10 mg (IV medication can be given PO) Weight Based Pediatric Dosing Chart Link

KEY POINTS

- If patient is in shock and adrenal insufficiency is reported by the patient or family, it is preferred to assist the family in administering stress-dose hydrocortisone (Solu-Cortef), if available. If unavailable, dexamethasone may be considered.
- Dexamethasone should **NOT** be administered in the wheezing patient secondary to inhalation burns.

Class:

- Glucocorticoid, Corticosteroid

Description of Use:

- Inhibits the accumulation of inflammatory cells at inflammation sites and the release of mediators of inflammation to prevent and/or suppress the tissue inflammatory processes.

Pharmacokinetics (IV):

- Onset: Rapid
- Half-life: 3-4.5 hrs

Special Populations:

- Pregnancy Category: C (D if used in the first trimester)
- Children: Prolonged treatment with high-dose therapy may decrease short-term growth rate and cortisol secretion.
- Elderly: Higher risk for developing hypertension or osteoporosis.

Contraindications:

- Active, untreated fungal infections.
- Cautions: Respiratory tuberculosis, untreated systemic infections, hyperthyroidism, cirrhosis, ulcerative colitis, hypertension, CHF, seizure disorders, peptic ulcer, and/or diabetes.

Adverse reactions:

- Sodium/fluid retention, muscle weakness, osteoporosis, peptic ulcer with possible subsequent perforation and hemorrhage, pancreatitis, ulcerative esophagitis, impaired wound healing, headache, psychic disturbances, convulsions, glaucoma, weight gain, nausea, malaise.