



## PREDNISONE TAPER INSTRUCTIONS

You have been prescribed a Prednisone/Prednisilone Taper. It will help your symptoms of itching and help treat your skin condition. It is important to finish the medication even if the rash or symptoms you have get better. It is also important to take the medicine as prescribed.

A few points about Prednisone:

1. Prednisone can upset your stomach. Please take the medication on a full stomach or after a meal (at least a glass of milk) to help lessen any stomach irritation.
2. Try to take the medication at the same time each day.
3. A side effect of the medicine is that it makes you hungry. You may find yourself eating more than usual. This is normal and will subside once you have finished the medicine.
4. Another side effect is that some people feel jittery or “wired” while on the medication. It may be better to take this during the day so that the anxious feeling is less during the night. Other people feel they need less sleep and can get a lot of work done.
5. If you are Diabetic, even if you don’t take medications for it, please remind your provider. We try to avoid this medication in Diabetics, but this is not always possible. Prednisone makes blood sugar rise significantly in Diabetics. Therefore, it is important to check your blood sugar while on this medicine if you are Diabetic. If you are not a diabetic, it will not significantly affect your sugar. Nonetheless, once you have finished the medication, your sugars will be back to your baseline. It may be necessary to cover yourself with more insulin while taking the Prednisone. Your primary doctor will be able to help you with this. If you have any questions about this, please do not hesitate to ask.
6. Take the medicine as prescribed below:

Adults: **Prednisone** \_\_\_\_\_ **mg Tablets**

Take \_\_\_\_\_ Tablets Daily with Food (At the same time if tolerated) for \_\_\_\_\_ Days.  
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For a total of \_\_\_\_\_ Tablets over \_\_\_\_\_ Days.

Children: **Prednisolone** \_\_\_\_\_ **mg/5cc or per Teaspoon**

Take \_\_\_\_\_ Teaspoon(s) Daily with Food \_\_\_\_\_ times per day for \_\_\_\_\_ Days  
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For a total of \_\_\_\_\_ Teaspoon(s) over \_\_\_\_\_ Days.