



Drug Therapy Protocols: Dexamethazone

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Date	June, 2026
Purpose	To ensure a consistent procedural approach to dexamethazone administration.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Dexamethasone

June, 2026

Drug class

Corticosteroid^[1,2]

Pharmacology

Dexamethasone is a synthetic adrenocortical steroid with potent anti-inflammatory effects in disorders of many organ systems and mainly works by inhibiting the release of arachidonic acid, which is a precursor to the most important mediators of inflammation, prostaglandins and leukotrienes.^[1]

Metabolism

Hepatic metabolism and renal excretion.^[1,2]

Indications

- **Asthma** (able to tolerate oral medication)
- **Croup**

Contraindications

Asthma:

- Paediatrics less than 6 years of age (consultation required)
- Allergy AND/OR Adverse Drug Reaction
- Steroid administration within 4 hours

Croup:

- Paediatrics less than 6 months OR greater than 8 years of age (consultation required)
- Allergy AND/OR Adverse Drug Reaction
- Steroid administration within 4 hours

Precautions

- Nil in this setting

Side effects

- Nil

Presentation

- Vial, 8 mg/2 mL *dexamethasone*

Onset (PO)

30 minutes^[2]

Duration (PO)

72 hours^[3,4]

Half-life

3–5 hours^[3,4]

Special notes

- The QAS will supply the dexamethasone IV presentation for oral administration, as it is more practical in the pre-hospital setting. This practice is not uncommon with hospital based guidelines.
- Dexamethasone is the preferred corticosteroid for the treatment of croup due to its lower hospital re-presentation rate.^[3,4]
- The Westley Croup Score must be used by all officers to assess croup severity.

Schedule

- S₄ (Restricted drugs).

Routes of administration

Per oral (PO)



Adult dosages

Asthma



PO

16 mg
Single dose only.

Special notes

- Ambulance officers must only administer medication for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- If parents/carers have administered steroids (within 4 hrs) prior to QAS arrival dexamethasone administration must be **withheld**.

Paediatric dosages

Croup		
ACP2 CCP	PO	<p>6 months to 8 years – 0.3 mg/kg (rounded to the nearest 0.5 mL)</p> <p>Total maximum dose: 16 mg</p> <p><i>Oral presentation/administration: Mix the required dose of dexamethasone with a small amount of sweet ingestible liquid (e.g. fruit juice, cordial or glucose gel (Glutose 15™)) – administer orally with either a syringe or clean spoon.</i></p>
Asthma (able to tolerate oral medication)		
ACP2 CCP	PO	<p>< 6 years – <i>Contact the QAS Clinical Consultation and Advice Line</i></p> <p>≥ 6 years – 0.3 mg/kg (rounded to the nearest 0.5 mL)</p> <p>Total maximum dose: 16 mg</p> <p><i>Oral presentation/administration: Mix the required dose of dexamethasone with a small amount of sweet ingestible liquid (e.g. fruit juice, cordial or glucose gel (Glutose 15™)) – administer orally with either a syringe or clean spoon.</i></p>