



Drug Therapy Protocols: Dexamethazone

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Date	March, 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

March, 2026

Drug class

Corticosteroid^[1,2]

Pharmacology

Dexamethasone is a long acting synthetic corticosteroid that produces anti-inflammatory and immunosuppressive effects. The precise mechanism by which corticosteroids exert their effect on croup are not fully known. It is presumed to be based on vasoconstrictive actions in the upper airway, followed by the systemic anti-inflammatory effect.^[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>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.</p>
Asthma (able to tolerate oral medication)		
ACP2 CCP	PO	<p>< 6 years – Contact the QAS Clinical Consultation and Advice Line</p> <p>≥ 6 years – 0.3 mg/kg (rounded to the nearest 0.5 mL)</p> <p>Total maximum dose: 16 mg</p> <p>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.</p>