PREDNISONE AND BLOOD SUGAR / A STEROID COURSE CHECK-IN

Starting a steroid course? Plan the check-in.

A practical guide for adults with diabetes or prediabetes who have been prescribed a short course of oral prednisone, including for a pinched nerve in the neck. Use it with the care team you already have.

What the label says

The prednisone prescribing label says that because corticosteroids may increase blood glucose, doses of diabetes medicines may need adjusting. It lists high blood sugar and increased needs for insulin or diabetes pills among reactions reported with prednisone or other corticosteroids.

What the label does not say

It gives no rate for how often this happens and does not describe short courses separately. The listing covers corticosteroids as a class. It does not mean everyone’s blood sugar will rise.

What this guide helps you do

Tell your prescriber what they need to know, ask how to monitor, keep simple notes during the course and bring clear questions to follow-up calls. It gives no doses, no blood sugar targets and no advice to change treatment on your own.

01 / WHY A STEROID COURSE

A short course is one option.

A pinched nerve in the neck (cervical radiculopathy) can be treated in several ways. Your clinician decides what fits you.

Where steroids fit

AAOS OrthoInfo says a short course of oral corticosteroids may help relieve pain by reducing swelling and inflammation around the nerve. It lists other nonsurgical options too, such as physical therapy, anti-inflammatory medicines, a soft collar and steroid injections.

What the research says

A 2016 review in American Family Physician describes a small randomized trial in which a short course of an oral corticosteroid (prednisolone) reduced radiculopathy-related pain in the short term. The same review notes that no nonsurgical treatment is supported by evidence from high-quality studies.

What the label lists

A pinched neck nerve is not among the uses listed on the prednisone label. Care sources describe the short course as an option. If you want to know why it was chosen for you, ask your prescriber.

02 / BEFORE YOU START

Tell your prescriber what they need to know.

A short conversation at the start can make the course easier to manage.

Share your blood sugar history

Say if you have diabetes or prediabetes, including when it is managed with diet and activity alone. Mention recent readings or an A1C result if you know them.

Bring your medicine list

List every diabetes medicine with how and when you take it, plus other prescriptions, over-the-counter medicines and supplements. Include medicines another clinician prescribed.

Ask three questions

1. How should I check my blood sugar during this course, and how often?
2. Which readings or symptoms mean I should call, and whom should I call?
3. Do any of my diabetes medicines need adjusting, and who will adjust them?

03 / YOUR CHECK-IN NOTES

Keep the course in one place.

Print this page and write your answers by hand. Bring it to follow-up calls and visits.

Course dates

Start date. Planned last dose. Who prescribed it, and what it is for.

Diabetes medicines

Name, dose and timing of each one. Any change your prescriber makes during the course, and when it ends.

Who to call

Name and number for questions about the steroid. Name and number for your diabetes care. Where to call after hours.

Your questions

Write them down with the date so they are ready for the next call.

04 / DURING THE COURSE

Note what changes.

Log readings only if your prescriber asks you to, using the method and times they recommend.

Blood sugar log, if asked

Date and time. The reading. What was happening: on waking, before a meal or after a meal. The time you took the steroid that day.

Sleep and mood

The label also lists sleep trouble and mood swings among possible effects of corticosteroids. If you notice changes, write down when they started and tell your prescriber.

Anything else you notice

New symptoms, missed doses or questions. Short notes are enough.

05 / KEEP TREATMENT SAFE

Don’t stop a steroid on your own.

The prednisone label warns that patients should not stop corticosteroids abruptly or without medical supervision.

If readings worry you

Call your prescriber or diabetes care team. Ask whether your monitoring, your diabetes medicines or the steroid plan should change, and let them make that decision with you.

If you feel very unwell

Follow the plan your care team gave you for high or low blood sugar. If you think it is an emergency, call 911.

When the course ends

Ask whether any medicine that was adjusted should go back to your usual dose, and when extra checks can stop.

DailyMed — PredniSONE Tablets USP label (v36, revised 06/2026)

AAOS OrthoInfo — Cervical Radiculopathy (Pinched Nerve)

Childress & Becker, Am Fam Physician 2016 — Nonoperative management of cervical radiculopathy

CONTROL THE FOUNDATION

Your health is where the evidence begins.

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.