BRONSON

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(PLEASE INDICATE ABOVE WHICH LOCATION)

Cosyntropin (ACTH) STIMULATION TEST

PATIENT: _____ **DOB**:_____

ALLERGIES: _____

DIAGNOSIS: _____

ICD-10 CODE: _____

DOSAGE AND ADMINISTRATION: 0.25mg (250 mcg) of Cosyntropin in 1 ml of Sterile Saline for injection. Cosyntropin for injection may be administered intramuscularly when used as a rapid screening test for adrenal function.

TESTING PROTOCOL:

A. Provider orders an ACTH Cosyntropin Stimulation Panel (Includes Baseline and 60 minute Cortisol levels). NOTE: *Fasting is not required for the test.*

B. Testing performed in the Infusion Center will be scheduled on Tuesdays, Wednesdays, and Thursdays between 1 and 4 PM. NOTE: *If test needs to be repeated patient must wait 72 hours.*

C. Obtain blood specimen for a baseline Cortisol level. Nursing staff will draw a control (basal) for Cortisol testing just prior to the administration of the medication.
NOTE: *Use a Gold SST lab tube – must be full.*

D. Nursing staff administers the CORTROSYN intramuscularly (IM).

E. Nursing staff will draw a second blood sample for Cortisol exactly 60 minutes after the medication is administered.

FOR INJECTION REACTION:
Itching, flushing or hives

- Start IV
- Administer diphenhydramine 25 mg IVP (Maximum of 75 mg within 4 hours including pre-medications)
- If diphenhydramine dose is maxed out may administer methylprednisolone 40 mg IVP
- Contact provider and document treatment plan

FOR ANAPHYLACTIC REACTION:
Rapidly progressing hives, SOB, wheezing, chest tightness, decreased O_2 saturation or angioedema

- Contact Rapid Response Team if provider is not able to respond to bedside
- Start IV
- Start sodium chloride 0.9% at 999 ml/hr with new tubing
- Assess vital signs and O_2 saturations every 5 minutes
- Administer oxygen as clinically indicated to maintain O_2 saturation >92%
- Administer Epinephrine 0.3 mg IM in lateral thigh
- Contact provider and document treatment plan

PROVIDER SIGNATURE: _____

PROVIDER NAME PRINTED: _____

PHONE: _____**FAX**: _____ **TIME:**_____**DATE**:_____