



## AMBULATORY TREATMENT UNIT

## Rapid Adrenocorticotrophic Hormone Stimulation Test Order Set

☐ = Optional Order    • = Routine Order    (Cross out and initial **BULLETED ORDERS** that do not apply)

Phone (616) 394-3547

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## ORDERS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Diagnosis Code: (ICD-10) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg)

Allergies: \_\_\_\_\_

## MEDICATION

- ☒ Cortrosyn - 0.25 mg, IV Push
- Give over 2 minutes and within 30 minutes of baseline lab test. Flush with 5-10 mL normal saline after administration.

## Cortisol Level

- ☒ Cortisol level (Cortisol, Random) to be drawn prior to cortrosyn administration
- ☒ Draw 30 minutes post cortrosyn administration
- ☐ Draw 60 minutes post cortrosyn administration

\* Nurse may draw from IV site

## ACTH Level (Refrigerated tubes)

- ☐ Baseline ACTH level prior to cortrosyn administration
- ☐ Draw 30 minutes post cortrosyn administration
- ☐ Draw 60 minutes post cortrosyn administration

\* Nurse may draw from IV site

## OTHER LABS

## Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
  - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
  - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
  - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O2 PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO2 every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Name and Credentials (please print): \_\_\_\_\_

Time: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

