



Patient Name: _____

Date of Birth: _____

PHYO
CMC84728-001NS Rev. 11/2020

**Growth Hormone (Arginine / Clonidine)
Stimulation Test**

BASELINE PATIENT DEMOGRAPHIC

To be completed by the ordering provider.

NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

Allergies: _____

Treatment should begin: as soon as possible (within a week) within the month

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

- Nursing communication**
patient needs to be fasting for test.
- Height and weight**
- Vital signs**

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

Insert peripheral IV
Place PIV if needed or access IVAD if available

lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection
0.2 mL, intradermal, PRN

- when immediate procedure needed
- when procedure will take about 1 minute
- patient/family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream
Topical, PRN

- when more than 60 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch
Topical, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- when anticipated pain is less than 5 mm from skin surface
- patient/family preference for procedure



Patient Name: _____

Date of Birth: _____

PHYO
CMC84728-001NS Rev. 11/2020

Growth Hormone (Arginine / Clonidine) Stimulation Test

ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

- lidocaine with transparent dressing 4 % kit**
Topical, PRN
- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Select one:

- heparin**
10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.
- heparin flush**
100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

- Sodium chloride flush 0.9% injection**
1 - 20 mL, INTRAVENOUS, PRN, IV line flush
- Sodium chloride - pres free 0.9% injection**
1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-PROCEDURE LABS

- Human growth hormone**
Unit collect draw prior to cloNIDine dose
- Cortisol total**
Unit collect
- T4 free**
Unit collect
- Thyroid stimulating hormone**
Unit collect
- Insulin like growth factor - 1**
Unit collect
- Insulin like growth factor BP - 3**
Unit collect
- Luteinizing hormone**
Unit collect
- Follicle stimulating hormone**
Unit collect
- Estradiol**
Unit collect
- Testosterone**
Unit collect
- Chromosome karyotype study**
Unit collect



Patient Name: _____

Date of Birth: _____

PHYO
CMC84728-001NS Rev. 11/2020

**Growth Hormone (Arginine / Clonidine)
Stimulation Test**

ORDERS TO BE COMPLETED FOR EACH THERAPY

PRE-PROCEDURE LABS, CONTINUED

- Comprehensive metabolic panel**
Unit collect
- Complete blood count with differential**
Unit collect
- Tissue transglutaminase IgA**
Unit collect
- Immunoglobulin A**
Unit collect
- Prolactin**
Unit collect
- Adrenocorticotrophic hormone (ACTH)**
Unit collect

INTRA - PROCEDURE

- Vital signs Routine, EVERY 30 MINUTES,** vital signs, blood pressure, and level of consciousness on arrival and every 30 minutes for duration of test.
- Physician communication order**
Medication Instructions: Clonidine dose = 5 mcg / kg, maximum 100 mcg (0.1 mg). Tablets can be cut into quarter or half, if needed.

Select one:

- cloNIDine 0.01 mg / mL suspension**
ORAL, ONCE
Dose: _____
- cloNIDine HCl 0.1 mg Tablet**
ORAL, ONCE
Dose: _____

- Human growth hormone**
Unit collect, draw 30 minutes after cloNIDine dose.
- Human growth hormone**
Unit collect, draw 60 minutes after cloNIDine dose.
- Physician communication order**
Medication Instructions: Arginine dose: 0.5 gm / kg, maximum dose 20 gm. Please enter the dose of arginine in 'gm' to facilitate prior authorization requirements
- arginine 10 % injection**
INTRAVENOUS, ONCE, starting 1 hour after treatment start time. Give after drawing 60 minute sample for cloNIDine, give arginine over 30 minutes. Arginine 10 % is a hyperosmolar solution and may be infused with extreme caution via peripheral intravenous access if the patient does not have central venous access. In addition to visualizing, assessing and documenting the PIV site at the beginning and end of the infusion, the PIV site should also be monitored at the following intervals: Every 5 minutes x 3, then every 10 minutes until infusion is complete.
Dose: _____



Patient Name: _____

Date of Birth: _____

PHYO
CMC84728-001NS Rev. 11/2020

**Growth Hormone (Arginine / Clonidine)
Stimulation Test**

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED

Therapy appointment request

Please select department for the therapy appointment request:

Growth hormone stimulation test is one time test. Patient needs to be fasting.

Expires in 365 days

- Dallas Special Procedures
 Plano Infusion Center
 Dallas Allergy
 Dallas Transplant
 Dallas Neurology

Human growth hormone

Unit collect draw 30 minutes after arginine infusion complete.

Human growth hormone

Unit collect draw 60 minutes after completion of arginine infusion.

Human growth hormone

Unit collect draw 90 minutes after completion of arginine infusion.

Nursing communication

If blood pressure < 20 mmHg from baseline, nurse may give 10 mL / kg NS bolus over 30 minutes.

Sodium chloride 0.9% for fluid bolus infusion

10 mL / kg, INTRAVENOUS, PRN, If blood pressure is < 20 mmHg from baseline, give 10 mL / kg NS over 30 minutes.

Dose: _____

EMERGENCY MEDICATIONS

Nursing Communication

1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

PATIENT IS HAVING ANAPHYLAXIS:

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vitals including blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.



Patient Name: _____

Date of Birth: _____

PHYO
CMC84728-001NS Rev. 11/2020

**Growth Hormone (Arginine / Clonidine)
Stimulation Test**

ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS, CONTINUED

Hypotension is defined as follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years – systolic blood pressure (SPB) less than 90
- OR any age – systolic blood pressure (SPB) drop more than 30% from baseline.
- Baseline systolic blood pressure x 0.7 = value below defined as hypotension.

EPINEPHrine Injection

(AMPULE / EPI - PEN JR. / EPI - PEN)

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses
Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

**Cardio / respiratory monitoring rationale for monitoring:
high risk patient (please specify risk)**

(Patient receiving infusion with potential infusion reactions);
heart rate, respiratory rate, oxygen saturation
Rationale for Monitoring: High risk patient (please specify risk)
Parameters: heart rate, respiratory rate, oxygen saturation
Alarm limits: preset at age specific limits

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST - PROCEDURE

Nursing communication

Flush PIV or IVAD with 10 - 20 mL 0.9% sodium chloride at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.

Sodium chloride flush 0.9%

INTRAVENOUS, at 0 - 25 mL / hr

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider