



Patient Name: _____

Date of Birth: _____

PHYO
CMC84729-001NS Rev. 11/2020

**Growth Hormone (Arginine / L - DOPA)
Stimulation Test**

BASELINE PATIENT DEMOGRAPHICS

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



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NURSING ORDERS

- 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 flush**
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	INTERVAL	DEFER UNTIL
<input type="checkbox"/> Human growth hormone Unit collect	Once	_____
<input type="checkbox"/> Cortisol total Unit collect	Once	_____
<input type="checkbox"/> T4 Free Unit collect	Once	_____
<input type="checkbox"/> Thyroid stimulating hormone Unit collect	Once	_____
<input type="checkbox"/> Insulin like growth factor - 1 Unit collect	Once	_____
<input type="checkbox"/> Insulin like growth factor - BP - 3 Unit collect	Once	_____
<input type="checkbox"/> Luteinizing hormone Unit collect	Once	_____
<input type="checkbox"/> Follicle stimulating hormone Unit collect	Once	_____
<input type="checkbox"/> Estradiol Unit collect	Once	_____

Key: cm = centimeter; gm = gram; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NaCl= Sodium Chloride 0.9%; NKDA = No Known Drug Allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed



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PRE-PROCEDURE LABS, CONTINUED	INTERVAL	DEFER UNTIL
<input type="checkbox"/> Testosterone Unit collect	Once	_____
<input type="checkbox"/> Chromosome karyotype study Unit collect	Once	_____
<input type="checkbox"/> Comprehensive metabolic panel Unit collect	Once	_____
<input type="checkbox"/> Complete blood count with differential Unit collect	Once	_____
<input type="checkbox"/> Tissue transglutaminase IgA Unit collect	Once	_____
<input type="checkbox"/> Immunoglobulin A Unit collect	Once	_____
<input type="checkbox"/> Prolactin Unit collect	Once	_____
<input type="checkbox"/> Adrenocorticotrophic hormone (ACTH) Unit collect	Once	_____

INTRA - PROCEDURE

Physician communication order

Arginine dose: 0.5 gm / kg, maximum 20 gm. Please enter the dose of arginine in 'gm' to facilitate prior authorization requirements.

arginine 10 % injection

INTRAVENOUS, ONCE

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: _____

Physician communication order

Esoterix recommends using the 25 - 250 mg tablets - (carbidopa - L - Dopa) for these tests. Usual Levodopa dose:

Less than 15 kg: 125 mg (1 / 2 tablet)

15 - 30 kg: 250 mg (1 tablet)

Greater than 30 kg: 500 mg (10 mg / kg to a maximum of 500 mg in adults) (2 tablets)

carbidopa - levodopa 25 - 250 mg tablet

Give at the beginning of arginine infusion.

Dose: _____

Therapy appointment request

Please select department for the therapy appointment request:

Expires in 365 days. Clinically required scheduled time: Morning
growth hormone stimulation test is one time test. Patient needs to be fasting.

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



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INTRA-PROCEDURE, CONTINUED

 Human growth hormone

Unit collect draw immediately after arginine infusion complete.

 Human growth hormone

Unit collect draw 30 minutes after completion of arginine infusion.

 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.

 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 0.9 % NaCl over 30 minutes.

Dose: _____

ANTIEMETICS

 Physician communication order

Dosing for ondansetron:

< 4 years of age: 0.1 mg / kg

4 - 11 years of age: 4 mg

> 12 years of age: 8 mg

 Nursing communication

DO NOT give as a pre - medication, may give during or after the test for nausea and administer only one of the ondansetron orders, ODT tablet or IV, do not give both.

 ondansetron
 ondansetron ODT tablet

ORAL, ONCE PRN, nausea / vomiting first line

Dose: _____
 ondansetron injection

INTRAVENOUS, ONCE, PRN, nausea / vomiting first line when not tolerating oral medications

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



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EMERGENCY MEDICATIONS

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.

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 $70 + (2 \times \text{age in years})$
- 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

Discontinue line / drain / tube

Observe patient for (30 60 90 120) minutes after test and labs are complete, then discontinue PIV and discharge home.



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Nursing communication

Flush PIV or IVAD with 20 mL 0.9 % sodium chloride (250 mL bag) at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de - accessing IVAD. Discontinue PIV prior to discharge on the last day of infusion.

sodium chloride 0.9% infusion

INTRAVENOUS at 0 - 25 mL / hr

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider