



Patient Name: _____

Date of Birth: _____

PHYO
CMC84732-001NS Rev. 11/2020

Cosyntropin 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: _____

ORDERS TO BE COMPLETED FOR EACH THERAPY**ADMIT ORDERS** Height and weight Vital signs**HYPOTENSION DEFINED ADMIT** Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction.

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 (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) $\times 0.7 =$ value below defined as hypotension.**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 procedureAdministration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.



Patient Name: _____

Date of Birth: _____

 PHYO
 CMC84732-001NS Rev. 11/2020
Cosyntropin Stimulation Test**ORDERS TO BE COMPLETED FOR EACH THERAPY****NURSING ORDERS, CONTINUED** **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

 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**

<input type="checkbox"/> Cortisol, total Unit collect	Once
<input type="checkbox"/> (ACTH) corticotropin (adrenocorticotrophic hormone) Unit collect	Once
<input type="checkbox"/> 17 - Hydroxprogesterone Unit collect	Once
<input type="checkbox"/> Androstenedione Unit collect	Once
<input type="checkbox"/> Aldosterone Unit collect	Once
<input type="checkbox"/> Renin Unit collect	Once
<input type="checkbox"/> Dehydroepiandrosterone Unit collect	Once
<input type="checkbox"/> 17 - Hydroxpregnenolone Unit collect	Once
<input type="checkbox"/> Dehydroepiandrosterone sulfate Unit collect	Once

Key: ACTH = corticotropin (adrenocorticotrophic hormone); cm = centimeter; gm = gram; IV = intravenous; IVAD = implantable venous access device; IVIG = intravenous immunoglobulin; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = peripheral venous catheter



Patient Name: _____

Date of Birth: _____

 PHYO
 CMC84732-001NS Rev. 11/2020

Cosyntropin Stimulation Test
ORDERS TO BE COMPLETED FOR EACH THERAPY

PRE-PROCEDURE LABS, CONTINUED	INTERVAL
<input type="checkbox"/> Testosterone Unit collect	Once
<input type="checkbox"/> Electrolytes with gap 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"/> Prolactin Unit collect	Once
<input type="checkbox"/> Follicle stimulating hormone Unit collect	Once
<input type="checkbox"/> Luteinizing hormone Unit collect	Once
<input type="checkbox"/> Estradiol Unit collect	Once

INTRA - PROCEDURE
Physician communication order

***Please select the appropriate cosyntropin order below to be administered during the test. Low dose of cosyntropin dose = 1 mcg Cosyntropin dose: < 15 kg = 0.125 mg; greater than or equal to 15 kg = 0.25 mg

Select one:
 cosyntropin diluted 1 mcg / mL injection

INTRAVENOUS, ONCE, if cosyntropin is for cortisol stimulation test be sure patient has not received corticosteroids or spironolactone 24 hours prior to test.

DOSE: _____

 cosyntropin 0.125 mg / mL injection

INTRAVENOUS, ONCE, if cosyntropin is for cortisol stimulation test, be sure patient has not received corticosteroids or spironolactone 24 hours prior to test.

DOSE: _____

 cosyntropin 0.25 mg / mL injection

INTRAVENOUS, ONCE, if cosyntropin is for cortisol stimulation test, be sure patient has not received corticosteroids or spironolactone 24 hours prior to test.

DOSE: _____



Patient Name: _____

Date of Birth: _____

PHYO
CMC84732-001NS Rev. 11/2020

Cosyntropin Stimulation Test

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED	INTERVAL	DEFER UNTIL
----------------------------	----------	-------------

Therapy appointment request

Please select department for the therapy appointment request:

Expires in 365 days

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

Nursing communication **Once** _____

Draw cortisol levels at 30 and 60 minutes. If cosyntropin is given IM, only draw baseline and 60 minute levels.

Cortisol, total **Once** _____

Unit collect 30 or 60 minutes after cosyntropin is given.

- 30 Minutes
- 60 Minutes

17 - Hydroxprogesterone **Once** _____

Unit collect 30 or 60 minutes after cosyntropin is given

- 30 Minutes
- 60 Minutes

Androstenedione **Once** _____

Unit collect 30 or 60 minutes after cosyntropin is given

- 30 Minutes
- 60 Minutes

Aldosterone **Once** _____

Unit collect 30 or 60 minutes after cosyntropin is given

- 30 Minutes
- 60 Minutes

Dehydroepiandrosterone **Once** _____

Unit collect 30 or 60 minutes after cosyntropin is given

- 30 Minutes
- 60 Minutes

17 - Hydroxpregnenolone **Once** _____

Unit collect 30 or 60 minutes after cosyntropin is given

- 30 Minutes
- 60 Minutes

Dehydroepiandrosterone sulfate **Once** _____

Unit collect 30 or 60 minutes after cosyntropin is given

- 30 Minutes
- 60 Minutes

Key: ACTH = corticotropin (adrenocorticotropic hormone); cm = centimeter; gm = gram; IV = intravenous; IVAD = implantable venous access device; IVIG = intravenous immunoglobulin; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = peripheral venous catheter



Patient Name: _____

Date of Birth: _____

PHYO
CMC84732-001NS Rev. 11/2020**Cosyntropin Stimulation Test****ORDERS TO BE COMPLETED FOR EACH THERAPY**

INTRA-PROCEDURE, CONTINUED	INTERVAL	DEFER UNTIL
<input type="checkbox"/> Testosterone Unit collect 60 minutes after cosyntropin is given.	Once	_____

EMERGENCY MEDICATIONS **Nursing communication**

- Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**
 - Stop the infusion
 - Give diphenhydramine as ordered
 - Check vitals including blood pressure every 5 minutes until further orders from provider.
 - Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
 - Notify provider for further orders
- 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:**
 - Stop the infusion
 - Call code – do not wait to give epinephrine
 - Give epinephrine as ordered
 - Notify provider
 - Check vitals including blood pressure every 5 minutes until the code team arrives.
 - Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
 - Give diphenhydramine once as needed for hives
 - May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
 - 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: _____



Patient Name: _____

Date of Birth: _____

PHYO
CMC84732-001NS Rev. 11/2020

Cosyntropin Stimulation Test

ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS, CONTINUED

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.

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%

10 - 20 mL, INTRAVENOUS, PRN, IV line flush

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider