



Oregon Medical Group
 Gateway Medical Center
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Cortisol/ACTH Stimulation Test

PATIENT NAME: _____ **DOB:** _____

DIAGNOSIS (ICD-10 CODE): _____

The patient will have multiple lab draws obtained. The first draw is ALWAYS obtained just prior to the Cortrosyn IM injection. Subsequent lab draws are indicated below.

Lab orders have been placed for the following (check all that apply):	MINUTES POST INJECTION				
	0	30	60	90	120
<input type="checkbox"/> Cortisol	-	-	-	-	-
<input type="checkbox"/> ACTH	-	-	-	-	-
<input type="checkbox"/> 17-Hydroxy Progesterone	-	-	-	-	-
<input type="checkbox"/> 17-Hydroxy Pregnenolone	-	-	-	-	-
<input type="checkbox"/> DHEA	-	-	-	-	-
<input type="checkbox"/> DHEA Sulfate	-	-	-	-	-
<input type="checkbox"/> _____	-	-	-	-	-

After the lab has obtained the first draw (baseline), reconstitute the Cortrosyn for injection.

Cortrosyn 0.25mg is reconstituted with 1mL Sodium Chloride for an injection dose yield of 1mL.

Drawing up and administering Cortrosyn:

1. Reconstitute 1mL of Sodium Chloride and Cortrosyn powder (mixing thoroughly)
2. Draw up in a 3mL syringe, and replace the needle with an appropriately sized one
3. Before administering the Cortrosyn, check a baseline blood pressure and pulse on the patient
4. Administer the Cortrosyn 0.25mg/1mL injection IM in the gluteus

VERY IMPORTANT – DOCUMENT THE EXACT TIME OF THE INJECTION

Use the Medication Administration-CCC form to document all information for Cortrosyn and Sodium Chloride. Within the Injection comment field of the form, document the exact time it was administered.

Monitor the patient’s blood pressure and pulse for 5-10 minutes after injection. Document the baseline and subsequent results on the Vital Signs form.

Accompany patient to the lab for the subsequent blood draws and make sure the patient is in the lab department at least 10 minutes prior to the second draw time. Give the time the injection was given to the phlebotomist, and document the information.

PROVIDER SIGNATURE: _____ **DATE:** _____

PROVIDER NAME: _____

FAX COMPLETED FORM TO: Oregon Medical Group Infusion Center at (541) 242-4634