

UMC Health System ACTH TESTING PROCEDURE PLAN - Phase: Day of Procedure	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vital Signs
 T;N, Per Unit Standards

Communication

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Monitor BP/HR during course of testing

Notify Provider (Misc)
 T;N, Reason: Notify provider if BP is below 85/50

Notify Provider (Misc)
 T;N, Reason: Notify provider if HR exceeds 90 and it is NOT the patient's baseline

Notify Provider (Misc)
 T;N, Reason: If patient has an allergic reaction.

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

cosyntropin
 0.25 mg, Slow IVPush, inj, ONE TIME
 IV Push over 2 minutes

Laboratory

.Medication Management
 ONE TIME, Start date T;N
 Draw baseline cortisol level upon patient's arrival. Cosyntropin should not be administered until after baseline cortisol level is drawn. Draw an additional cortisol level 30 minutes after the cosyntropin is administered and again 60 minutes after the cosyntropin is administered.

zCortisol Baseline
 Specimen Type: Blood, Timed, T;N

zCortisol 30 Minutes
 Specimen Type: Blood, Timed, T;N+30

zCortisol 60 Minutes
 Specimen Type: Blood, Timed, T;N+60

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TO
 Read Back

 Scanned Powerchart

 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____