

<b>UMC Health System</b>  <b>PEDIATRIC ARGININE CLONIDINE STIMULATION TEST PLAN</b>	<b>Patient Label Here</b>
---	---------------------------

**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**

**Arginine Clonidine Stimulation Test Guid (Arginine Clonidine Stimulation Test Guidelines)**  
 See Reference Guidelines.

**Vital Signs**  
 Routine, q1h, With BP, During the test                       Routine, Per Unit Standards

**Insert Peripheral Line**  
 Routine

**Patient Activity**  
 Bathroom Privileges, Pt should remain recumbent during the test.

**Strict Intake and Output (Strict I & O)**  
 Routine, Per Unit Standards

**Communication**

**Notify Provider/Primary Team of Pt Admit**  
 Upon Arrival to Floor/Unit                       Now

**Notify Provider of VS Parameters (Notify Provider if VS)**  
 For blood sugar less than 60 mg/dL

**Notify Provider of VS Parameters**  
 SBP does NOT normalize WITHIN 1 hour of fluid bolus

**Dietary**

**NPO Diet**  
 NPO  
 NPO, 4 hours prior to test. May have water and caffeine free and sugar free beverages only during test.

**IV Solutions**

**NS (Normal Saline)**  
 IV, mL/hr  
 Begin AFTER baseline labs are obtained. Do not infuse during arginine infusion.

**NS (Normal Saline Bolus)**  
 10 mL/kg, IVPB, iv soln, ONE TIME, PRN hypotension, Infuse over 1 hr  
 Administer if Systolic Blood Pressure falls below parameters indicated in Arginine Clonidine Stimulation Test Guidelines and contact provider for further orders regarding maintenance fluids.  
 Continued on next page....

TO     Read Back                       Scanned Powerchart     Scanned PharmScan  
 Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

PEDIATRIC ARGININE CLONIDINE STIMULATION TEST PLAN

PHYSICIAN ORDERS

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
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<p>Cosyntropin is to be administered immediately after baseline labs are obtained.</p> <p><b>cosyntropin (cosyntropin 1 mcg/1 mL neonatal)</b></p> <p><input type="checkbox"/> 1 mcg, IVPush, inj, ONE TIME</p>
	<p>Clonidine is to be given immediately after cosyntropin is administered.</p> <p><b>clonidine</b></p> <p><input type="checkbox"/> 0.005 mg/kg, PO, liq, ONE TIME</p> <p>Do not exceed 0.2 mg total dose. Give after cosyntropin is administered.</p>
	<p>Begin 90 minutes after clonidine dose is given.</p> <p><b>arginine (arginine 10% intravenous solution)</b></p> <p><input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, ONE TIME, Infuse over 30 min</p> <p>MAX DOSE: 30 grams/dose. Begin 90 minutes after clonidine dose given. Stop Maintenance fluids during arginine infusion.</p>
<b>Laboratory</b>	
	<p>DRAW BASELINE LABS AT START OF ARGININE-CLONIDINE STIMULATION TEST</p> <p>For following lab TIME = 0</p> <p><b>Cortisol Random</b></p> <p><input type="checkbox"/> Timed, T;N, Comment: Time=0</p>
	<p><b>Glucose Random</b></p> <p><input type="checkbox"/> Timed, T;N, Comment: Time=0</p>
	<p><b>Human Growth Hormone Level (Growth Hormone)</b></p> <p><input type="checkbox"/> Timed, T;N, Comment: Time=0</p>
	<p><b>POC Blood Sugar Check</b></p> <p><input type="checkbox"/> T;N, Notify physician of blood sugar less than 60 mg/dL.</p>
	<p><b>CBC with Differential</b></p> <p><input type="checkbox"/> Timed, T;N</p>
	<p><b>Basic Metabolic Panel (BMP)</b></p> <p><input type="checkbox"/> Timed, T;N</p>
	<p><b>IGF Binding Protein 3</b></p> <p><input type="checkbox"/> Timed, T;N</p>
	<p><b>Sed Rate</b></p> <p><input type="checkbox"/> Timed, T;N</p>
	<p><b>Somatomedin C Extract IGF 1</b></p> <p><input type="checkbox"/> Timed, T;N</p>
	<p>Draw 30 minutes AFTER cosyntropin and clonidine are administered.</p> <p>For following labs TIME = 30</p> <p><b>Cortisol Random</b></p> <p><input type="checkbox"/> Timed, T;N+30, Comment: Time=30</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



PEDIATRIC ARGININE CLONIDINE STIMULATION TEST PLAN

PHYSICIAN ORDERS

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
	<b>Human Growth Hormone Level (Growth Hormone)</b> <input type="checkbox"/> Timed, T;N+30, Comment: Time=30
	Draw 60 minutes AFTER cosyntropin and clonidine are administered. For following labs TIME = 60 <b>Cortisol Random</b> <input type="checkbox"/> Timed, T;N+60, Comment: Time=60
	<b>Human Growth Hormone Level (Growth Hormone)</b> <input type="checkbox"/> Timed, T;N+60, Comment: Time=60
	Draw 90 minutes AFTER cosyntropin and clonidine are administered. For following labs TIME = 90 <b>Cortisol Random</b> <input type="checkbox"/> Timed, T;N+90, Comment: Time=90
	<b>Glucose Random</b> <input type="checkbox"/> Timed, T;N+90, Comment: Time=90
	<b>Human Growth Hormone Level (Growth Hormone)</b> <input type="checkbox"/> Timed, T;N+90, Comment: Time=90
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> T;N, Notify physician of blood sugar less than 60 mg/dL.
	Draw 105 minutes AFTER cosyntropin and clonidine are administered. For following labs TIME=105 <b>Cortisol Random</b> <input type="checkbox"/> Timed, T;N+105, Comment: Time=105
	<b>Glucose Random</b> <input type="checkbox"/> Timed, T;N+105, Comment: Time=105
	<b>Human Growth Hormone Level (Growth Hormone)</b> <input type="checkbox"/> Timed, T;N+105, Comment: Time=105
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> T;N, Notify physician of blood sugar less than 60 mg/dL.
	Draw 120 minutes AFTER cosyntropin and clonidine are administered. For following labs TIME=120 <b>Cortisol Random</b> <input type="checkbox"/> Timed, T;N+120, Comment: T=120
	<b>Glucose Random</b> <input type="checkbox"/> Timed, T;N=120, Comment: T=120
	<b>Human Growth Hormone Level (Growth Hormone)</b> <input type="checkbox"/> Timed, T;N+120, Comment: T=120
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> T;N, Notify physician of blood sugard less than 60 mg/dL.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



PEDIATRIC ARGININE CLONIDINE STIMULATION TEST PLAN

PHYSICIAN ORDERS

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
	Draw 150 minutes AFTER cosyntropin and clonidine are administered.  For following labs TIME=150 <b>Cortisol Random</b> <input type="checkbox"/> Timed, T;N+150, Comment: T=150
	<b>Glucose Random</b> <input type="checkbox"/> Timed, T;N+150, Comment: T=150
	<b>Human Growth Hormone Level (Growth Hormone)</b> <input type="checkbox"/> Timed, T;N+150, Comment: T=150
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> T;N, Notify physician of blood sugard less than 60 mg/dL.

...Additional Orders

--	--

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  PEDIATRIC ALL BETTER CARE SDO - DR. T. KASEMSRI MD	Patient Label Here
--	--------------------

**PHYSICIAN ORDERS**

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
	<b>Patient Care</b> <pre>&lt;!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.0 Transitional//EN"&gt; &lt;HTML&gt;&lt;HEAD&gt; &lt;META content="text/html; charset=windows-1252" http-equiv=Content-Type&gt; &lt;STYLE&gt; BODY {MARGIN:0;} P {MARGIN:0} &lt;/STYLE&gt;  &lt;META name=GENERATOR content="MSHTML 11.00.9600.18450"&gt;&lt;/HEAD&gt; &lt;BODY&gt;&lt;FONT style="BACKGROUND-COLOR: #00ff80"&gt;Please order under &lt;STRONG&gt;&lt;EM&gt;Dr. T. Kasemsri MD&lt;/EM&gt;&lt;/STRONG&gt; and use &lt;STRONG&gt;STANDING DELEGATION&lt;/STRONG&gt; when you order this plan.&lt;/FONT&gt;&lt;/BODY&gt;&lt;/HTML&gt;</pre>
	<b>Pediatric All Better Care Guidelines</b> <input type="checkbox"/> ***See Reference Text***
	<b>Apply Pain Management Vibrating Device</b> <input type="checkbox"/> Place next to site of needle stick for intramuscular injections and/or immunizations only.
	<b>sucrose 24% oral solution (Sweet-Ease)</b> <input type="checkbox"/> 2 mL orally every 2 minutes as needed for anxiety. Dip pacifier in solution or administer directly into mouth. (Recommended not to exceed 4 doses)
	<b>pentofluoropropane-tetrafluoroethane spr (pentofluoropropane-tetrafluoroethane spray (Pain-Ease))</b> <input type="checkbox"/> 1 spray topically every 1 minute as needed for numbing of injection site.
	<b>lidocaine-prilocaine topical</b> <input type="checkbox"/> 1 app, topical, cream, as needed, PRN other For numbing of injection site. Apply 30 - 60 min prior to procedure. Do not reapply more often than every 4 hours. Ordered via Pediatric All Better Care SDO - Dr. T. Kasemsri MD Standing Delegated Order.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

