
 <p><b>Oregon Health &amp; Science University Hospital and Clinics Provider's Orders</b></p> <p style="font-size: small;">PO9031</p>  <p style="text-align: center;">ADULT AMBULATORY INFUSION ORDER <b>Cosyntropin (CORTROSYN) Stimulation Test</b></p> <p style="text-align: center; font-size: x-small;">Page 1 of 2</p>	<p>ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE</p> <p style="text-align: right; font-size: x-small;"><i>Patient Identification</i></p>
<b>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.</b>	

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_      Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Patient should not receive corticosteroids or spironolactone within 24 hours prior to the cosyntropin test.
3. The Low Dose Protocol is not recommended in critically-ill patients.

**LABS:**

- ACTH Stimulation Test, Serum, Routine, ONCE, every \_\_\_\_ (visit)(days)(weeks)(months) – *Circle One*
- Cortisol, Serum Routine, ONCE, ONCE, every \_\_\_\_ (visit)(days)(weeks)(months) – *Circle One*
  - Draw baseline immediately before administration of Cosyntropin IVP
  - Draw 20 minutes after administration of Cosyntropin IVP (if cosyntropin 1 mcg test is ordered)
  - Draw 30 minutes after administration of Cosyntropin IVP
  - Draw 60 minutes after administration of Cosyntropin IVP

**NURSING ORDERS:**

1. Draw baseline ACTH and cortisol labs.
2. Administer Cosyntropin IVP over 2 minutes and flush with 5-6 mL normal saline flush.
3. Draw 30+ and 60+ Cortisol labs.
4. Only use a 22 gauge or larger needle.
5. Release labs as drawn so times are accurate. Do not release all labs at one time
6. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

**MEDICATIONS:**

**Cosyntropin (select one):**

- Cosyntropin (CORTROSYN) Injection 1 mcg, intravenous, ONCE over 2 minutes  
Low Dose Protocol. Diluted in NS. Infuse over 2 minutes.
- Cosyntropin (CORTROSYN) Injection 0.25 mg, intravenous, ONCE over 2 minutes  
Standard Dose Protocol. Diluted in NS. Infuse over 2 minutes.



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER  
**Cosyntropin (CORTROSYN)**  
**Stimulation Test**

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ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

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**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);


I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);


**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please check the appropriate box for the patient's preferred clinic location:**

 **OHSUHealth**  
Hillsboro Medical Center  
FORMERLY TUALITY HEALTHCARE  
Infusion Services  
364 SE 8<sup>th</sup> Ave, Medical Plaza Suite 108B  
Hillsboro, OR 97123  
Phone number: (503) 681-4124  
Fax number: (503) 681-4120

 **MCMC**  
MID-COLUMBIA MEDICAL CENTER  
A Planetree Patient-Centered Hospital  
Celilo Cancer Center  
1800 E 19<sup>th</sup> St  
The Dalles, OR 97058  
Phone number: (541) 296-7585  
Fax number: (541) 296-7610