

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Cosyntropin (CORTROSYN) Stimulation Test

(8/2024)

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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. Fasting is not required, test must be preformed in the morning between 6am and 9am.

LABS:

Cortisol, Serum Routine (YACTHS, Cortisol ACTH Stimulation-SO)

- Draw baseline immediately before administration of Cosyntropin IVP
- Draw 30 minutes after administration of Cosyntropin IVP
- Draw 60 minutes after administration of Cosyntropin IVP

NURSING ORDERS:

1. Draw baseline cortisol lab.
2. Administer Cosyntropin IVP over 2 minutes and flush with 5-6 mL normal saline flush.
3. Draw 30-minute and 60-minute Cortisol labs.
4. Only use a 22 gauge or larger needle or IV set.
5. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

MEDICATIONS:

- **Cosyntropin** (CORTROSYN) injection 0.25 mg, intravenous, ONCE over 2 minutes diluted with 4 ml 0.9% NaCl (Total volume= 5ml).
May also give IM if needed **without dilution**

HYPERSENSITIVITY:

1. NURSING COMMUNICATION – If hypersensitivity reactions develop, refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Continue to assess as grade of severity may progress.
5. Administer emergency medications as directed on the physician's orders.

(cont.)

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HYPERSENSITIVITY MEDICATIONS:

- **Acetaminophen, 975 mg, PO, x 1 dose, AS NEEDED** for hypersensitivity or infusion reaction.
- **Diphenhydramine inj, 50 mg, IV, AS NEEDED** for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
- **Hydrocortisone Sodium Succinate, 100 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
- **Famotidine, 20 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
- **Oxygen, 2 Liters/min** per nasal cannula for hypersensitivity or infusion reaction.
- **0.9% Normal Saline, 1000 mL, IV, 150mL/hr, AS NEEDED** for hypersensitivity or infusion reaction.
- **EPINEPHrine HCl (1mg/1mL), 0.3 mg, IM injection, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.

My NPI 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: _____