



Patient Name
 DOB
 MRN
 Physician
 FIN

Physician's Orders
COSYNTROPIN ADRENOCORTICOTRIPIC HORMONE (ACTH) STIMULATION TEST - ADULT, OUTPATIENT, INFUSION CENTER
 Page 1 to 1

Defaults for orders not otherwise specified below:

- Interval: Once
- Duration: Once

Anticipated Infusion Date _____ ICD 10 Code with Description _____
 Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |
- Site of Service**
- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Appointment Requests

- Infusion Appointment Request**
 Status: Future, Expected: S, Expires: S+366, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after

Nursing Orders

- NURSING COMMUNICATION ORDER**
 Routine, Until discontinued, Starting S For Until specified
 First Lab Sample: Draw before administering Cosyntropin
 Second Lab Sample: Draw 30 minutes after administering Cosyntropin
 Third Lab Sample: Draw 60 minutes after administering Cosyntropin

Labs

- Cosyntropin (ACTH) Stimulation - Cortisol Blood Level**
 Once, Starting S, For 1 Occurrences, Blood, Venous

Medications

- cosyntropin (CORTROSYN) injection 0.25 mg 1 mL**
 0.25 mg, Intravenous, Administer over 2 Minutes, Once, Starting S, For 1 Doses
 For ACTH Stimulation Test: Administer after drawing baseline Cosyntropin (ACTH) Stimulation Cortisol Blood Level
 Reconstitute with 1 mL sodium chloride 0.9% to make 0.25 mg/mL.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 07/22/20

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.