ALL orders are active unless: 1. Order is manually lined through to inactivate. 2. Orders with check boxes ( ) are unchecked.

**DRUG AND TREATMENT ORDERS**

**SUB Cosyntropin Stimulation Test**

**Available ONLY at:** BMC-B
BMC-D
BMC-S

**SUB Cosyntropin Stimulation Test**

**Non Categorized**

***NOTE*** This plan is designed to be used as part of a larger plan not independently. Please do NOT order individually.

**Nursing Orders**

- **Notify Provider**
  - If cortisol test is positive (LESS than 10 point rise from baseline or third cortisol level is LESS than 20 mg/dL)

**Medications**

- **cosyntropin**
  - 0.25 mg inj IV PUSH ONCE
  - Comments: Administer IMMEDIATELY AFTER the baseline cortisol blood sample has been taken.

- **dexamethasone (Decadron)**
  - 4 mg inj IV PUSH ONCE, STAT
  - Comments: For use in SEPTIC SHOCK patients unresponsive to pressor therapy only

**Laboratory**

- **Cortisol Level**
  - Expedite/ASAP, Blood, ONCE
  - Comments: Baseline. Obtain baseline serum cortisol level prior to administration of cosyntropin 0.25 mg dose. Timing is important. Label all tubes

- **+30 Minutes Cortisol Level**
  - Timed Study, Blood, ONCE
  - Comments: 30 minutes post drug. Obtain serum cortisol level 30 minutes after administration of cosyntropin 0.25 mg dose. Timing is important. Label all tubes

- **+60 Minutes Cortisol Level**
  - Timed Study, Blood, ONCE
  - Comments: 60 minutes post drug. Obtain serum cortisol level 60 minutes after administration of cosyntropin 0.25 mg dose. Timing is important. Label all tubes

- **ACTH Level**
  - Expedite/ASAP, Blood, ONCE
  - Comments: Baseline ACTH level. Timing is important. Label all tubes

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**PHYSICIAN SIGNATURE ___________________________ DATE __________ TIME _______**

**DRUG ALLERGIES __________________________________________ WT: __________ KG:**

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A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.