

 <b>LEGACY</b> HEALTH	<b>Legacy Day Treatment Unit  Provider's Orders</b>  Adult Ambulatory Infusion Order Cosyntropin (CORTROSYN) Stimulation Test	<b>Patient Name:</b> _____ <b>Date of Birth:</b> _____ <b>Med. Rec. No (TVC MRN Only):</b> _____
<b>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</b>		

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

**\*\*\*This plan will expire after 365 days, unless otherwise specified below\*\*\***

**Orders expire:** \_\_\_\_\_

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

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

**Diagnosis:** \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_ (please include primary and secondary diagnosis codes)

**GUIDELINES FOR PRESCRIBING:**

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. Patient should not receive corticosteroids or spironolactone within 24 hours prior to the cosyntropin test.

**LABS:**

- Cortisol, Serum Routine, ONCE, ONCE, every (visit)(days)(weeks)(months) – Circle One
  - Draw baseline immediately before administration of Cosyntropin IVP
  - Draw 30 minutes after administration of Cosyntropin IVP
  - Draw 60 minutes after administration of Cosyntropin IVP

Reference ranges do not reflect post stimulation. Interpretation: A normal response is a peak serum cortisol of GREATER than 14.5 ug/dL 30 or 60 minutes post-cosyntropin stimulation.

*Javorsky BR et al. New Cutoffs for the Biochemical Diagnosis of Adrenal Insufficiency after ACTH Stimulation using Specific Cortisol Assays. J Endocr Soc. 2021;5(4) :bvab022.*

**NURSING ORDERS (TREATMENT PARAMETERS):**

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.
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 (CORTROSYN) injection 0.25 mg, intravenous, ONCE over 2 minutes Standard Dose Protocol. Diluted in sodium chloride 0.9%. Infuse over 2 minutes.



**Legacy Day Treatment Unit  
Provider's Orders**

Adult Ambulatory Infusion Order  
Cosyntropin (CORTROSYN)  
Stimulation Test

**Patient Name:**  
**Date of Birth:**  
**Med. Rec. No** (TVC MRN Only):

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

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

**Legacy Day Treatment Unit –  
The Vancouver Clinic Building**  
*A department of Salmon Creek Medical Center*  
700 NE 87<sup>th</sup> Avenue, Suite 360  
Vancouver, WA 98664  
Phone number: 360-896-7070  
Fax number: 360-487-5773

**Legacy Salmon Creek Day Treatment  
Unit**  
Legacy Salmon Creek Medical Center  
2121 NE 139<sup>th</sup> Street, Suite 110  
Vancouver, WA 98686  
Phone number: 360-487-1750  
Fax number: 360-487-5773

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

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

**Organization/Department:** \_\_\_\_\_