PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

Northern Light Health

☐ NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4589; Fax: 207-768-4183
☐ NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970
☐ NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801
☐ NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788
☐ NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348
☐ NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485
☐ NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418
☐ NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917
☐ NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

OUTPATIENT COSYNTROPIN (CORTROSYN) STIMULATION TEST

Diagnosis: _____ **ICD10:** _____

☑ Notify Lab of Cosyntropin (Cortrosyn) Stimulation Test; Coordinate this test with the Lab for lab draws (Thursday afternoon is preferable).

☑ Saline Lock*: Discontinue after medication administered*

Height: _____ cm **Weight:** _____ kg

Medications:

☐ cosyntropin (Cortrosyn) *250 mcg, Soln, **IM**, ONCE, **RECOMMENDED ROUTE***
Coordinate administration with the Lab Cortisol draws:
(1) Lab draws baseline Cortisol Level;
(2) Administer cosyntropin (Cortrosyn) IM;
(3) Lab draws Cortisol Levels 30 and 60 minutes after dose

Exact Time Medication Administered: _____

☐ cosyntropin (Cortrosyn) *250 mcg, Soln, **IVP**, ONCE*
Coordinate administration with the Lab Cortisol draws:
(1) Lab draws baseline Cortisol Level;
(2) Administer cosyntropin (Cortrosyn) IVP;
(3) Lab draws Cortisol Levels 30 and 60 minutes after dose

Laboratory:

☑ COS ST (CORT B, CORT 30, CORT 60) *BLOOD, Timed Study*
30 Minute Post Medication Lab due at: _____
60 Minute Post Medication Lab due at: _____

☑ Provider Communication - N*otify lab personnel of patient's arrival for arrangement of 30 and 60 Minute Post Medication Lab draws.*

☑ Provider Communication -NL Infusion Care, Brewer - *Escort patient to LFCC Radiology waiting room and notify lab personnel of patient's arrival*

☑ Provider Communication *Discharge patient after 60 Minute Post Medication Lab drawn*

Other: _____

_____

_____

_____

_____

_____

Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

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PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS