



COSYNTROPIN (CORTROSYN) STIMULATION TEST

Name: _____ DOB _____ Allergies: _____

Height: _____ Weight: _____ kg

Diagnosis Codes: _____

1. Assign as outpatient
2. Schedule patient for 8am procedure
3. Labs:
 - a. Cortisol level stat immediately prior to the administration of cosyntropin IV (add comments to lab order to draw cortisol lab immediately prior to dose of cosyntropin)
 - b. Cortisol level exactly 45 minutes after administering cosyntropin IV (add comments to lab order to draw cortisol lab exactly 45 minutes after dose of cosyntropin administered)
4. Cosyntropin 250mcg IVP x 1 after 1st cortisol level drawn
5. Discharge patient after second cortisol level is drawn

PHYSICIAN'S SIGNATURE _____ Date: _____ Time: _____



Patient Name: «Full_Name»; DOB: «Birth_Date»
 Physician Name: «Attending_Physician_Last_Name», «Attending_Physician_First_Name»
 «Attending_Physician_Middle_Init»
 Visit ID: «Visit_ID»