



NECS

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham
Phone: 207-303-3225 Fax: 207-692-2473

ACTH (cosyntropin) Stimulation Test

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

Cortrosyn (cosyntropin) 0.25 mg

IV over 2 minutes or IM

Timed Bloodwork:

Collect cortisol level Prior to administration

30 minutes after administration

60 minutes after administration

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____

Provider Signature: _____ Date: _____

Phone: _____ Fax: _____ Pager: _____