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| **Patient:**  **Glucagon Stimulation Test**  **for GH Deficiency** | | | | **DOB:** |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | |
| **Required lab results and/or tests prior to scheduling:**  Thyroid function tests and cortisol should be checked prior to this test | | | | |
| **ICD 10/Primary Diagnosis:** | | | **ICD10/Secondary Diagnosis:** | |
| **Height:** | **Weight:** | | **Allergies:** | |
| **Infusion Therapy** | | | **Frequency** | |
| Glucagon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg IM  **(1mg if patient body weight ≤ 90 kg and 1.5mg if patient body weight >90 kg)** | | | Once | |
| **Labs** | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -**Thyroid function tests and cortisol should be checked prior to this test  **Labs to be drawn by nurse during test:** | | | | |
| **LAB** | | **TIME** | | |
| Growth Hormone | | 0, 30, 60, 90, 120, 150, 180, 210, 240mins | | |
| Glucose | | 0, 30, 60, 90, 120, 150, 180, 210, 240mins | | |
| **Nursing Communication/Orders** | | | | |
| * Performed in the morning with patient fasting since 10PM. * Inject Glucagon into shoulder, thigh, or buttocks. * Confirm that the patient has not taken steroids at least 12 hours prior to testing. * Draw Growth Hormone and Glucose samples at 0, 30, 60, 90, 120, 150, 180, 210, 240mins * Side effects: nausea, vomiting, headache, diaphoresis in 10-30% | | | | |