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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** |
| [x]  Glucagon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg IM **(1mg if patient body weight ≤ 90 kg and 1.5mg if patient body weight >90 kg)** | [x]  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** |
| [x]  Growth Hormone | 0, 30, 60, 90, 120, 150, 180, 210, 240mins |
| [x]  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%
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