



PHYO  
CMC84730-001NS Rev. 11/2020

**Growth Hormone (Clonidine / L - DOPA)  
Stimulation Test**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**BASELINE PATIENT DEMOGRAPHIC**

To be completed by the ordering provider.

NKDA - No Known Drug Allergies    Height: \_\_\_\_\_ cm    Weight: \_\_\_\_\_ kg    Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>)

Allergies: \_\_\_\_\_

Treatment should begin:     as soon as possible (within a week)     within the month

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**ADMIT ORDERS**

**Nursing communication**

Patients needs to be fasting for test.

**Height and weight**

**Vital signs**

**NURSING ORDERS**

Please select all appropriate therapy

**IV START NURSING ORDERS**

**Insert peripheral IV**

Place PIV if needed or access IVAD if available

**lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection**

0.2 mL, intradermal, PRN

- when immediate procedure needed  
 when procedure will take about 1 minute  
 patient/family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets  $\leq$  20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

**lidocaine - prilocaine (EMLA) cream**

Topical, PRN

- when more than 60 minutes are available before procedure  
 when procedure will take more than 1 hour  
 patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

**lidocaine - tetracaine (SYNERA) patch**

Topical, PRN

- when 20 - 30 minutes are available before procedure  
 when procedure will take more than 1 hour  
 when anticipated pain is less than 5 mm from skin surface  
 patient/family preference for procedure



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**NURSING ORDERS CONTINUED**

- lidocaine with transparent dressing 4 % kit**  
TOPICAL, PRN
- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

**Select one:**

- heparin flush**  
10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.
- heparin flush**  
100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.
- Sodium chloride flush 0.9% injection**  
1 - 20 mL, INTRAVENOUS, PRN, IV line flush
- Sodium chloride - pres free 0.9% injection**  
1 - 30 mL, INTRAVENOUS, PRN, IV line flush

**PRE - PROCEDURE LABS**

Select all appropriate therapy

- Human growth hormone**  
Unit collect
- Cortisol total**  
Unit collect
- Luteinizing hormone**  
Unit collect
- Follicle stimulating hormone**  
Unit collect
- Estradiol**  
Unit collect
- Testosterone**  
Unit collect
- Chromosome karyotype study**  
Unit collect
- Comprehensive metabolic panel**  
Unit collect
- Complete blood count with differential**  
Unit collect
- Tissue transglutaminase IgA**  
Unit collect



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**PRE-PROCEDURE LABS, CONTINUED**

Please select all appropriate therapy

- Immunoglobulin A**  
Unit collect
- Prolactin**  
Unit collect
- Adrenocorticotrophic hormone (ACTH)**  
Unit collect

**INTRA-PROCEDURE INTERVAL**

- Vital signs** blood pressure, and level of consciousness on arrival and every 30 minutes for duration of test.
- Physician communication order**  
Clonidine dose = 5 mcg / kg, maximum 100 mcg (0.1 mg). Tablets can be cut into quarter or half, if needed.

**Select one:**

- cloNIDine 0.01 mg / mL suspension**  
ORAL, ONCE  
**Dose:** \_\_\_\_\_
- cloNIDine HCl tablet**  
ORAL, ONCE  
**Dose:** \_\_\_\_\_

- Human growth hormone**  
Unit collect, draw 30 minutes after cloNIDine dose.
- Human growth hormone**  
Unit collect, draw 60 minutes after completion of cloNIDine dose.

**Physician communication order**  
Esoterix recommends using the 25 - 250 mg tablets (carbidopa - L - Dopa) for these tests.  
Usual Levodopa dose:  
Less than 15 kg: 125 mg (1 / 2 tablet)  
15 - 30 kg: 250 mg (1 tablet)  
Greater than 30 kg: 500 mg (10 mg / kg to a maximum of 500 mg in adults) (2 tablets)

**carbidopa- levodopa 25 - 250 mg tablet** **Once**  
ORAL, ONCE, starting 1 hour after treatment start time, for 1 dose. Give after drawing 60 minute growth hormone level for cloNIDine.  
**Dose:** \_\_\_\_\_



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**ORDERS TO BE COMPLETED FOR EACH THERAPY**
**INTRA - PROCEDURE, CONTINUED**
 **Therapy appointment request**

 Clinically required scheduled time: Morning  
 Growth hormone stimulation test is one time test. Patient needs to be fasting.

**Please select department for the therapy appointment request:**

Expires in 365 days

- Dallas Special Procedures  
 Plano Infusion Center  
 Dallas Allergy  
 Dallas Transplant  
 Dallas Neurology

 **Human growth hormone**

Unit collect draw 30 minutes after giving carbidopa / L - Dopa dose.

 **Human growth hormone**

Unit collect draw 60 minutes after giving carbidopa / L - Dopa dose.

 **Human growth hormone**

Unit collect draw 90 minutes after giving carbidopa / L - Dopa dose.

 **Human growth hormone**

Unit collect draw 120 minutes after giving carbidopa / L - Dopa dose.

 **Nursing communication**

If blood pressure &lt; 20 mmHg from baseline, nurse may give 10 mL / kg NS bolus over 30 minutes.

 **sodium chloride 0.9 % for fluid bolus infusion**

10 mL / kg, INTRAVENOUS, PRN, if blood pressure is &lt; 20 mmHg from baseline, give 10 mL / kg 0.9 % NaCl over 30 minutes.

**Dose:** \_\_\_\_\_
**ANTIEMETICS**
 **Physician communication order**

 Dosing for ondansetron:  
 < 4 years of age: 0.1 mg / kg  
 4 - 11 years of age: 4 mg  
 > 12 years of age: 8 mg

 **Nursing communication**

\*\* DO NOT give as a pre-medication, may give during or after the test for nausea \*\* and administer only one of the ondansetron orders, ODT tablet or IV, do not give both.

 **ondansetron**
**ondansetron ODT tablet**

ORAL, ONCE PRN, nausea / vomiting first line

**Dose:** \_\_\_\_\_
**ondansetron injection**

INTRAVENOUS, ONCE, PRN, nausea / vomiting first line when not tolerating oral medications

**Dose:** \_\_\_\_\_



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### ORDERS TO BE COMPLETED FOR EACH THERAPY

#### EMERGENCY MEDICATIONS

##### Nursing communication

1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

**PATIENT IS HAVING ANAPHYLAXIS:**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vitals including blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team – continue to monitor oxygen saturation.

**Hypotension is defined as follows:**

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than  $70 + (2 \times \text{age in years})$
- 11 years to 17 years – systolic blood pressure (SPB) less than 90
- OR any age – systolic blood pressure (SPB) drop more than 30% from baseline.
- Baseline systolic blood pressure  $\times 0.7 =$  value below defined as hypotension.

##### EPINEPHrine injection (AMPULE / EPI - PEN JR. / EPI - PEN)

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

**Dose:** \_\_\_\_\_

##### Cardio / respiratory monitoring rationale for monitoring: high risk patient (please specify risk)

(Patient receiving infusion with potential infusion reactions); heart rate, respiratory rate, oxygen saturation

Rationale for Monitoring: High risk patient (please specify risk)

Parameters: heart rate, respiratory rate, oxygen saturation

Alarm limits: preset at age specific limits

##### diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

**Dose:** \_\_\_\_\_

##### Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team continue to monitor oxygen saturation for 1 dose

**Dose:** \_\_\_\_\_



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**POST - PROCEDURE**

**Discontinue line / drain / tube**

Observe patient for (  30  60  90  120) minutes after test and labs are complete, then discontinue PIV and discharge home.

**Nursing communication**

Flush PIV or IVAD with 20 mL 0.9 % sodium chloride (250 mL bag) at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.

**Sodium chloride 0.9% infusion**

INTRAVENOUS at 0 - 25 mL / hr

**Dose:** \_\_\_\_\_

Signature of Provider	(circle one): MD DO	Date	Time
Printed Name of Provider	Credentials		