

## Tetracosactide (Synacthen®)

Tetracosactide dosing may be weight based; ensure accuracy of documented weight before administration									
<b>Form</b>	250 microgram per mL Store in a refrigerator (2-8°C). Keep ampoules in the outer carton.								
<b>Reconstitution</b>	Already in solution <ul style="list-style-type: none"> <li>• <b>Draw up using a 5 micron filter needle</b></li> <li>• <b>Use gloves when opening ampoules</b></li> </ul>								
<b>Compatibility &amp; Stability</b>	Sodium chloride 0.9%								
<b>Administration</b>	<b><u>IV Injection</u></b> Give by slow injection over 2 minutes.  <b><u>IM Injection</u></b> Give by IM injection.								
<b>Adverse Drug Reactions</b>	Patients should be kept under observation for 30 minutes after the injection due to the possibility of hypersensitivity reactions. Ensure resuscitation facilities are available should a serious hypersensitivity reaction occur.								
<b>Additional Information</b>	<p>Tetracosactide (Synacthen®) is used as a diagnostic test for the investigation of adrenocortical insufficiency. This test (the short Synacthen® test) is based on measurement of the plasma cortisol concentration immediately before and exactly 30 minutes after an intramuscular or intravenous injection of 250microgam (1mL) Synacthen®</p> <table border="1"> <thead> <tr> <th><b>Indications</b></th> </tr> </thead> <tbody> <tr> <td>Diagnosis of adrenal insufficiency and can be used as screening procedure in the non-critically ill patient Liaise with endocrinology service to ensure testing appropriate and for support around result interpretation</td> </tr> <tr> <th><b>Cautions/Contraindications</b></th> </tr> <tr> <td>Acute psychosis; adrenogenital syndrome; allergic disorders; asthma; avoid injections containing benzyl alcohol in neonates; Cushing's syndrome; infectious diseases; peptic ulcer; primary adrenocortical insufficiency; refractory heart failure.</td> </tr> <tr> <th><b>Procedure</b></th> </tr> <tr> <td>Non fasting If on hydrocortisone, last dose should be at midday the day before Test begins at <b>09:00</b> Plain tetracosactrin Synacthen 250 micrograms IV or IM at time 0</td> </tr> <tr> <th><b>Samples</b></th> </tr> <tr> <td>Serum cortisol (red bottle) at time 0, 30, 60 min Serum ACTH if required (pink bottle from laboratory) at time 0 min Ensure samples clearly state time of sample and that these are part of a Synacthen Test e.g SST T0 09:00</td> </tr> </tbody> </table>	<b>Indications</b>	Diagnosis of adrenal insufficiency and can be used as screening procedure in the non-critically ill patient Liaise with endocrinology service to ensure testing appropriate and for support around result interpretation	<b>Cautions/Contraindications</b>	Acute psychosis; adrenogenital syndrome; allergic disorders; asthma; avoid injections containing benzyl alcohol in neonates; Cushing's syndrome; infectious diseases; peptic ulcer; primary adrenocortical insufficiency; refractory heart failure.	<b>Procedure</b>	Non fasting If on hydrocortisone, last dose should be at midday the day before Test begins at <b>09:00</b> Plain tetracosactrin Synacthen 250 micrograms IV or IM at time 0	<b>Samples</b>	Serum cortisol (red bottle) at time 0, 30, 60 min Serum ACTH if required (pink bottle from laboratory) at time 0 min Ensure samples clearly state time of sample and that these are part of a Synacthen Test e.g SST T0 09:00
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**Information provided relates to Synacthen® manufactured by Alfasigma.**

*This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542*