

<b>DRUG:</b>	<b>TETRACOSACTRIN (SYNACTHEN®)</b>
<b>PRESENTATION:</b>	Ampoule: 250 microgram/mL
<b>ACTION &amp; INDICATION:</b>	ACTH is the primary regulator of glucocorticoid production in the adrenal glands. Tetracosactrin (Synacthen®) is a synthetic form of ACTH and used to assess the stimulated cortisol response of the adrenal cortex. It is used in a screening test for suspected primary adrenal insufficiency in non-critically ill patients.
<b>DOSE:</b>	15 micrograms/kg as a single dose after baseline bloods.
<b>ADMINISTRATION:</b>	Intramuscular
<b>ADVERSE EFFECTS:</b>	Hypersensitivity or anaphylaxis, rare. Full resuscitation facilities must be available and the patient on a cardio-respiratory monitor for the duration of the test.
<b>SHORT SYNACTHEN TEST:</b>	For use in the neonatal units at Princess Margaret and King Edward Hospitals  Blood tests: 0.6 mL in heparinised tube (green top)  1. Baseline plasma cortisol 2. Dose of Synacthen® 3. Plasma cortisol 30 minutes post dose. 4. Plasma cortisol 60 minutes post dose.  Time of collection and time point of test must be clearly marked on the tubes. If ACTH requested by Endocrinology at baseline, 1mL in EDTA tube on ice must be sent to Biochemistry as soon as possible.  Current steroid therapy may interfere with the assay, and the test should only be done at least 72 hours after the last dose of maternal or neonatal steroids.
<b>REFERENCES:</b>	Diagnostics of Endocrine Function in Children and Adolescents (2003). MB Ranke (ed), 3rd edition, Karger  Paediatric Pharmacopoeia 13th ed. RCH Melbourne Paediatric Dosage Handbook 15th ed.
<b>DATE:</b>	January 2011