

Synacthen Test

About Your Test

- Your medical practitioner has requested a test that involves the injection of Synacthen into a muscle. This should stimulate your adrenal glands to make more cortisol.
- Reactions to Synacthen rarely occur. To help avoid a reaction we require information about your past and current medical history.

Questionnaire

1. Have you ever been treated with Synacthen, or had a Synacthen test? YES / NO
If YES, did you have any reaction to the Synacthen injection? YES / NO
If YES, please provide details

2. Do you have any allergies? YES / NO
If YES, please provide details:

3. Are you presently taking any regular medication? YES / NO
If YES, please provide details:

4. Please list any steroid medications you are taking (e.g. prednisone, prednisolone, hydrocortisone - including creams, inhalers and tablets). If unsure, enter 'Don't know'
If you are taking steroid medication, when did you last take it?

5. Have you ever been hospitalized or currently attending hospital outpatients? YES / NO
If YES, please provide details:

6. Do you have any medical conditions which require regular visits to your medical practitioner? YES / NO
If YES, please provide details:

I consent to undergo the Synacthen Test as described

Signature: _____

Date: _____

The following information is to be completed by the nurse administering the Synacthen Test

Patients Name: _____

Date: _____

Indication for Synacthen Test: _____

Synacthen Batch Number: _____ Synacthen Expiry Date: _____

Signature of the person administering Synacthen: _____

Time of 'Pre dose' blood sample: _____

Time Synacthen injection: _____

Time of second blood sample: _____

Absolute contraindication to Synacthen:

Previous reaction to Synacthen injection *

*If the patient says that they have previously had a reaction to synacthen, the synacthen injection **must not** be given. Contact the requestor to explain the situation and why the test cannot be completed. The patient should be referred back to the requestor.