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ภาคผนวก

แบบบันทึกข้อมูลผู้ป่วย

ชื่อ.....H.N.....อายุ.....ปี อาชีพ.....

ที่อยู่.....

Diagnosis.....

Present illness.....

.....

.....

History of surgery.....

Pathologic finding.....

Past history.....

Physical exam

GA.....

T=.....C. P=...../min. R=...../min. BP.=.....mm.Hg.

EENT:.....

NECK:.....

CHEST:.....

ABDOMEN:.....

.....

EXTREMITES:.....

SKIN:.....

Signs of Cushings.....

ยาที่ได้รับ.....

.....

ครั้งที่ .....ทำtest วันที่.....

1 μgm. ACTH TEST 0 MIN. CORTISOL = ...

20 MIN. CORTISOL = ...

30 MIN. CORTISOL = ...

60 MIN. CORTISOL = ...

250 μgm. ACTH TEST 0 MIN. CORTISOL = ...

30 MIN. CORTISOL = ...

60 MIN. CORTISOL = ...

ครั้งที่ .....ทำ test วันที่.....

INSULIN TOLERANCE TEST

0 MIN. CORTISOL =..... PLASMA GLUCOSE =.....

HYPOGLYCEMIA POINT CORTISOL =.....

AFTER HYPOGLYCEMIA POINT 60 MIN. CORTISOL =.....

Cosyntropin: Drug information

Drug Information Handbook

Charles Lacy, RPh, PharmD

U.S. BRAND NAMES – Cortrosyn Injection

GENERIC AVAILABLE – No

SYNONYMS – Synacthen; Tetracosactide

THERAPEUTIC CATEGORY

Diagnostic Agent, Adrenocortical Insufficiency

USE – Diagnostic test to differentiate primary adrenal from secondary (pituitary) adrenocortical insufficiency

PREGNANCY RISK FACTOR –class C

CONTRAINDICATIONS – Known hypersensitivity to cosyntropin

WARNINGS / PRECAUTIONS – Use with caution in patients with pre-existing allergic disease or a history of allergic reactions to corticotropin

ADVERSE REACTIONS

1% to 10%:

Cardiovascular: Flushing

Central nervous system: Mild fever

Dermatologic: Pruritus

Gastrointestinal: Chronic pancreatitis

<1%: Hypersensitivity reactions

DRUG INTERACTIONS – Decreased effect: May decrease effect of anticholinesterases in patients with myasthenia gravis, nondepolarizing neuromuscular blockers, phenytoin and barbiturates may decrease effect of cosyntropin No data reported

STABILITY – Reconstitute with NS

Stability of parenteral admixture at room temperature (25°C): 24 hours

Stability of parenteral admixture at refrigeration temperature (4°C): 21 days

I.V. infusion in NS or D5W is stable 12 hours at room temperature

MECHANISM OF ACTION – Stimulates the adrenal cortex to secrete adrenal steroids (including hydrocortisone, cortisone), androgenic substances, and a small amount of aldosterone

PHARMACODYNAMICS / KINETICS

Distribution: Crosses the placenta

Metabolism: Unknown

Time to peak serum concentration: Within 1 hour (plasma cortisol levels rise in healthy individuals within 5 minutes of administration I.M. or I.V. push)

USUAL DOSAGE

Adrenocortical insufficiency: I.M., I.V. (over 2 minutes): Peak plasma cortisol concentrations usually occur 45-60 minutes after cosyntropin administration

Neonates: 0.015 mg/kg/dose

Children <2 years: 0.125 mg

Children >2 years and Adults: 0.25-0.75 mg

When greater cortisol stimulation is needed, an I.V. infusion may be used:

Children >2 years and Adults: 0.25 mg administered at 0.04 mg/hour over 6 hours

Congenital adrenal hyperplasia evaluation: 1 mg/m2/dose up to a maximum of 1 mg

ADMINISTRATION – Give I.V. doses over 2 minutes

REFERENCE RANGE – Normal baseline cortisol; increase in serum cortisol after cosyntropin injection of >7 μg/dL or peak response >18 μg/dL; plasma cortisol concentrations should be measured immediately before and exactly 30 minutes after a dose

TEST INTERACTIONS – Decreased effect: Spironolactone, hydrocortisone, cortisone

MENTAL HEALTH: EFFECTS ON MENTAL STATUS – None reported

MENTAL HEALTH: EFFECTS ON PSYCHIATRIC TREATMENT – Barbiturates may decrease the levels of cosyntropin

DENTAL HEALTH: LOCAL ANESTHETIC/VASOCONSTRICTOR PRECAUTIONS – No information available to require special precautions

DENTAL HEALTH: EFFECTS ON DENTAL TREATMENT – No effects or complications reported

PATIENT INFORMATION – Take oral medication with 8 oz of water on empty

stomach (1 hour before or 2 hours after meals) for best absorption; report any skin rashes immediately

NURSING IMPLICATIONS – Patient should not receive corticosteroids or spironolactone the day prior and the day of the test

DOSAGE FORMS – Powder for injection: 0.25 mg

ประวัติผู้เขียนวิทยานิพนธ์

นายณรงค์ วณิชย์นิรมล เกิดเมื่อวันที่ 20 พฤศจิกายน พ.ศ.2507 ที่จังหวัดนครสวรรค์ จบการศึกษาชั้นมัธยมศึกษาปีที่5 จากโรงเรียนนครสวรรค์ เข้ารับการศึกษาต่อระดับปริญญาตรีจากคณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่ จนจบในปี พ.ศ.2531 หลังจากนั้นได้เข้ารับราชการในกระทรวงสาธารณสุข เป็นแพทย์ประจำโรงพยาบาลบางปลาม้า จังหวัดสุพรรณบุรีเป็นเวลา 1 ปี ต่อมาได้ย้ายไปเป็นแพทย์ประจำโรงพยาบาลอู่ทอง จังหวัดสุพรรณบุรีเป็นเวลา 2ปี จากนั้นได้เข้ารับการศึกษาต่อเป็นแพทย์ประจำบ้าน ภาควิชาอายุรศาสตร์ โรงพยาบาลจุฬาลงกรณ์ เป็นเวลา 3 ปีได้รับวุฒิบัตรสาขาอายุรศาสตร์ ในปี พ.ศ.2537 ได้ไปปฏิบัติงานเป็นแพทย์ประจำโรงพยาบาลอู่ทอง จังหวัดสุพรรณบุรีเป็นเวลา 2ปี ได้ย้ายไปปฏิบัติงานที่กลุ่มงานอายุรกรรม โรงพยาบาลสระบุรี ตั้งแต่ปี พ.ศ.2539 ปัจจุบันกำลังศึกษาต่อเป็นแพทย์ประจำบ้านต่อยอดปีที่ 2 สาขาวิชาต่อมไร้ท่อและเมตะบอลิสม ภาควิชาอายุรศาสตร์ คณะแพทยศาสตร์จุฬาลงกรณ์ มหาวิทยาลัย