

Pre-test/upon scheduling

1. Notify pharmacy 48 hours before the procedure date to allow Secretin to be ordered
2. Notify laboratory of test

Test day work up

- Assure patient has fasted for at least 12 hours prior to procedure
- Obtain accurate patient weight. Patient weight = _____kg (day of procedure)

Dosing/Procedure:

1. Per lab policy, draw 2 x 5 ml blood samples, 10 minutes apart, to obtain baseline serum gastrin level.
2. Reconstitute ChiRhoStim (Secretin) vial(s) as directed.
3. Prior to administration of full dose, administer a TEST dose of Secretin to all patients to monitor for possible allergic reaction: TEST DOSE = 0.1 ml IV PUSH over 1 minute.
4. Wait 1 minute after injection of TEST dose. If no allergic reaction administer full dose: Secretin 0.4 mcg/kg IV PUSH over 1 minute. [Calculation: 0.4 mcg/kg x _____kg = _____mcg]
5. After full dose administered draw blood samples (5 ml each) at 1 minute, 2 minutes, 5 minutes, 10 minutes, and 30 minutes. DISCARD 1 ml of blood prior to drawing each sample. Flush with 0.9% sodium chloride between each sample.
6. Ensure that all tubes have time collected written on the tube with initials of the person drawing the blood.

Lab draw times for blood samples:

5 ML BLOOD SAMPLE	TIME DRAWN*	MINUTES ELAPSED
SAMPLE #1	0950	-10 MINUTES
SAMPLE #2	1000	-1 MINUTE
<ul style="list-style-type: none">● ADMINISTER TEST DOSE OF 0.1 ml IV PUSH OVER 1 MINUTE. WAIT ONE MINUTE TO MONITOR FOR ALLERGIC REACTION.● IF NO ALLERGIC REACTION, ADMINISTER FULL DOSE IV PUSH OVER 1 MINUTE.● AFTER FULL DOSE ADMINISTERED, DRAW BLOOD SAMPLES AS FOLLOWS:		
SAMPLE #3	1005	+1 MINUTE
SAMPLE #4	1006	+2 MINUTES
SAMPLE #5	1009	+5 MINUTES
SAMPLE #6	1014	+10 MINUTES
SAMPLE #7	1034	+30 MINUTES

***ALL SAMPLES MUST BE DRAWN AT THE PRECISE TIMES**

Physician Signature

Date / Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS
**Secretin Stimulation Test for
Diagnosis of Gastrinoma**



PO0020

6233-37MR
Rev. 01/05/16

Page 1 of 1