**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:**

<table>
<thead>
<tr>
<th>5 ML BLOOD SAMPLE</th>
<th>TIME DRAWN*</th>
<th>MINUTES ELAPSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLE #1</td>
<td>0950</td>
<td>−10 MINUTES</td>
</tr>
<tr>
<td>SAMPLE #2</td>
<td>1000</td>
<td>−1 MINUTE</td>
</tr>
</tbody>
</table>

- 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

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Physician Signature __________________________________________________________________________

Date / Time ________________________________________________________________________________

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Wentworth–Douglass Hospital

PHYSICIAN ORDERS

Secretin Stimulation Test for Diagnosis of Gastrinoma

6233–37MR PO0020

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