



## NEONATAL MEDICATION GUIDELINE

# Tetracosactide (Tetracosactrin)

**Scope (Staff):** Nursing, Medical and Pharmacy Staff

**Scope (Area):** KEMH NICU, PCH NICU, NETS WA,

This document should be read in conjunction with the [Disclaimer](#).

## Quick Links

[Dose](#)

[Preparation & Administration](#)

[Side Effects & Interactions](#)

[Monitoring](#)

## Restrictions

[Formulary: Restricted](#)

Requires Neonatologist or Endocrinologist review within 24 hours of initiation

## Description

Adrenocorticotrophic hormone (ACTH) analogue

## Presentation

**Ampoule:** 250 microgram/mL

## Storage

Refrigerate at 2 to 8°C. Protect from light.

## Dose

### Screening of suspected primary adrenal insufficiency in non-critically ill patients:

#### ACTH Stimulation Testing (Short Synacthen Test)

##### Intramuscular Injection (IM):

15 microg/kg once only

##### Low Dose ACTH Stimulation Test

##### Intravenous Injection (IV):

1 microg as a single dose (regardless of weight)

## Dose Adjustment

**Renal Impairment:** No dose adjustments documented

**Hepatic Impairment:** No dose adjustments documented

## Preparation

### Intravenous Injection

**Dilution:** Withdraw 250 microg (1 mL) tetracosactide and dilute to 10 mL with sodium chloride 0.9%. **Final concentration is 25 microg/mL.**

## Administration

To be administered by a medical officer

### Intramuscular Injection

Administer undiluted.

### Intravenous Injection

Administer required dose over 2 minutes.

## Compatible Fluids

Sodium chloride 0.9%, Glucose 5%

## Y-Site Compatibility

Refer to KEMH Neonatal Medication Guideline: [Y-Site IV Compatibility in Neonates](#)

## Side Effects

**Common:** Nil.

**Serious:** Hypersensitivity, anaphylaxis.

## Interactions

Concurrent use of spironolactone, hydrocortisone, cortisone, or estrogen may alter test results.

The test should be done 72 hours after the last dose of maternal or neonatal steroid.

## Monitoring

### Blood Samples: non-heparinised tube (red top)

#### Exact time of sampling must be indicated on each sample taken.

1. Baseline cortisol level at time zero (0.6mL blood sample)
2. Administer dose of tetracosactide IM
3. Plasma cortisol level at 30 mins (0.6mL blood sample)
4. Plasma cortisol level at 60 mins (0.6mL blood sample)

## Comments

Advice from paediatric endocrinologist recommended

## Related Policies, Procedures & Guidelines

### CAHS Clinical Guidelines:

[Cortisol Estimation and ACTH Stimulation Testing](#)

[Medication Administration: Intramuscular, Subcutaneous, Intravascular](#)

### WNHS Pharmaceutical and Medicines Management Guidelines:

[Medication Administration](#)

## References

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