

Low dose Synacthen Test and None-Fasting Hormone Test (NFHT)

Patient leaflet

If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Whiston Hospital
Warrington Road,
Prescot,
Merseyside,
L35 5DR
Telephone:
0151 426 1600

St Helens Hospital
Marshalls Cross Road,
St Helens,
Merseyside,
WA9 3DA
Telephone:
01744 26633

Southport Hospital
Town Lane,
Kew,
Southport,
Merseyside,
PR8 6PN
Telephone:
01704 547 471

Ormskirk Hospital
Dicconson Way,
Wigan Road,
Ormskirk,
Lancashire,
L39 2AZ
Telephone:
01695 577 111

Low dose Synacthen test

Notes

Nature and reasons for the test:

The Low dose Synacthen Test is used for the diagnosis of reduced adrenal gland function. The principle of the test is to stimulate the adrenal gland with synthetic hormone (Synacthen) to see how much cortisol is made in response. The test involves blood tests and an injection. Cortisol is one of the essential steroid hormones to keep you healthy.

You will be requested to bring your child to the Children's Observation Unit (CHOB's) on the day of the test.

Preparation:

No specific preparation is required for the test and your child can eat normally before the test. However if your child is currently taking steroid medication, for example prednisolone or cortisone you will be asked to omit any morning dose normally taken.

Prior to the test you will be asked about any previous Synacthen tests that your child may have had any previous reactions to the test or any other previous allergic reactions to other medications.

If you have had a previous reaction to Synacthen the test will **not** be performed.

A small plastic tube is put into your child's arm using a fine needle. The needle is then removed. The plastic tube stays in the arm until all the blood tests are complete.

Several blood samples will be taken over a period of 2-3 hours.

What should I do if I have any concerns?

If you have any worries or concerns please ring the Children's Observation Unit or the ward at any time.

Ward 3F:
0151 430 1616

CHOBS:
0151 430 1627

Risks and discomforts of the test

Allergic reactions to Synacthen can occur occasionally. The doctor or nurse conducting the test will discuss all risks with you prior to the test on an individual basis.

By using the special numbing cream prior to insertion of the intravenous cannula discomfort will be minimised.

Is the treatment safe?

This investigation is only done in hospital when really necessary and under close observation. You can be unwell if this hormone is too low or too high. It is usual to have the test in the morning.

Usual form of treatment:

- Your named nurse will introduce herself on arrival and fully explain what to expect during your stay.
- The nurse will take your child's temperature, pulse, respiration rate and blood pressure at the beginning of the test and during the test at specific times. This is just to monitor your child's condition throughout the test.
- The nurse will also apply a numbing cream to an area on your child's hand or arm about 40 minutes prior to a doctor or nurse clinician inserting a small venflon/cannula into your child's arm. A venflon/ cannula is a small tube which can be left in a vein to allow blood samples to be taken without further discomfort.
- Your child will be asked to rest for the duration of the test and to help with relaxation a suitable activity of your child's choice will be initiated by the play specialists on the ward.
- An initial blood sample will be taken to check the baseline level of cortisol, along with salt and glucose levels in the blood as the cannula is inserted.
- An injection of Synacthen will then be given into the cannula to stimulate the body to produce cortisol.
- A blood sample will be taken from the cannula 30 minutes after the injection of Synacthen to measure the cortisol level again.

What happens after the test?

On completion of the test, the venflon/cannula will be removed and your child will be offered refreshments prior to being allowed to go home.

Test results:

Your Consultant Paediatrician will be informed of the results of the test directly from the laboratory within a few days time.

Any management changes will be discussed with the family at a suitable review appointment.