

<b>Policy #:</b>	812 (PLH-812-02)	<b>Effective Date:</b>	9/30/2004	<b>Reviewed Date:</b>	2/4/2011
<b>Subject:</b>	TRH (TSH) STIMULATION				
<b>Approved by:</b> Laboratory Executive Director, Ed Hughes (electronic signature)					
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## TRH (TSH) STIMULATION

This procedure is performed by nursing as it involves use of a port and administration of medication and taking of vital signs.

1. Doctor writes order (doctor should schedule in advance) for TRH Stimulation and administration of Thyrotropin releasing hormone (thyponone).
2. Explain procedure to patient and make them aware of possible side effects (B/P changes, nausea, urge to urinate, flushing, lightheadedness, bad taste, abdominal pain, headache, and dry mouth).
3. Perform venipuncture using an angiocath, prn adaptor and normal saline.
4. Notify lab and have a baseline TSH drawn.
5. Flush heplock with 2cc's saline after blood is drawn.
6. Position patient supine before, during, and after Thyrotropin is given.
7. Administer Thyrotropin IV push as ordered by physician and flush with 2cc's normal saline. Document time given and patient reaction.
8. Perform physical assessment of B/P, pulse and respiration immediately following, 2 minutes past administration and every 5 minutes for first 30 minutes. If clinically important changes occur, monitor until baseline returns.

**Notify the lab immediately after Thyrotropin is administered.** Blood for TSH's should be drawn from heplock at 20 minutes, 30 minutes and 60 minutes following injection of Thyponone.