# GROWTH HORMONE STIMULATION BY INSULIN AND L-DOPA

#### **PURPOSE:**

To test the ability of the pituitary to respond to either L-Dopa or insulin stimulation in subjects suspected of having growth hormone deficiency. This protocol provides a general outline of the maximum number of tests ordered. Based on specific physician instructions, a variable number of samples may be drawn; use this form to indicate what tests are required.

### **TEST PREPARATION:**

1.	NPO after midnight; bed rest procedure		
2.	Weight patient lbs. = kg	(Example: 1 kg = 2.2 l	lbs)
3.	Obtain:  250/500 cc normal saline Regular insulin (hur IV set up, volutrol Red topped, green topped 50% Dextrose (heparinized tubes)  Lab Tests: glucose, HGH, cortisol 3 cc syringe sometimes TSH, FSH, LH 12 cc syringes	,	Chemstrips

- 4. Call Specimen Processing to advise of tests (Extension 16220).
- 5. Send Specimen Processing this form and blood for glucose, growth hormone (HGH), and cortisol, the number of specimens, desired tests, and desired times should be specified by the ordering physician in the table below. An ordering comment indicating the serial blood draw is required with each set of test orders as this may be the only identifer regarding specimen timing on lab reports.

### 6. Insulin and L-Dopa

- 1. 0 minutes then give insulin after 0 min. drawing blood for following orders:
  - a) Cortisol-Serum AM; b) Glucose, Fasting-Blood; and c) Human Growth Hormone

Add the following ordering comment to above tests: "Fasting specimen for GH stimulation test with insulin and L-DOPA". Per physican order, draw blood at the following checked times and for up to three (3) of the specified tests, adding the appropriate ordering comment.

			Glucose Random Blood	Human Growth Hormone	Cortisol Serum, pm	Required Ordering Comment
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	+15 +30 +45 +60 +90	minutes minutes minutes minutes minutes				15 min; post-insulin 30 min; post-insulin 45 min; post-insulin 60 min; post-insulin 90 min; post-insulin

then give L-Dopa after 90 min. draw blood for specified tests and times checked per MD order:

	Glucose Random Blood	Human Growth Hormone	Cortisol Serum, pm	Required Ordering Comment
7. +105 minutes 8. +120 minutes 9. +135 minutes 10. +150 minutes 11. +180 minutes				105 min; post-L-DOPA +15 min 120 min; post-L-DOPA +30 min 135 min; post-L-DOPA +45 min 150 min; post-L-DOPA +60 min 180 min; post-L-DOPA +90 min

#### 7. Insulin Alone

1. 0 minutes – then give insulin after 0 min. draw blood for the 0-min tests as described in 6.1 above with ordering comment "Fasting specimen for GH stimulation test using insulin". Draw blood for additional specified tests and at specified times per MD order using check-list below:

		Glucose Random Blood	Human Growth Hormone	Cortisol	Required Ordering Serum, pm	Comment
2.	+15 minutes				15-min post-insulin	
3.	+30 minutes				30-min post-insulin	
4.	+45 minutes				45-min post-insulin	
5.	+60 minutes				60-min post-insulin	
6.	+90 minutes				90-min post-insulin	
7.	+120 minutes				90-min post-insulin	

#### PROCEDURE:

- 1. Start IV with normal saline, run at keep-open rate.
- 2. Draw 0 minute (baseline) blood sample.
- 3. Immediately give regular insulin 0.1 U/kg IV push.
- 4. Proceed with blood collections at above times. Monitor glucoses on all blood samples using fingerstick glucose meter.
- 5. Document reactions from insulin: drowsiness, jittery, sweaty, tired, clammy, elevated blood pressure, elevated heart rate.
- 6. Give orange juice if patient becomes confused or appears to be having a severe reaction to insulin. Give 50% dextrose injection IV 1 cc/kg if patient loses consciousness.
- 7. After 90 minute sample, give L-Dopa as follows:

<25 lbs.	100 mg
25-39 lbs.	200 mg
40-54 lbs.	300 mg
55-69 lbs.	400 mg
>70 lbs.	500 mg

- 8. Watch for side effects of L-Dopa: nausea, vomiting.
- 9. Give orange juice at end of procedure. Advise patient to eat ASAP.

**INTERPRETATION:** Normal response 25 mg/mL HGH at anytime.

## SOURCE:

- 1. Denny, et. al: <u>J. Clin. Endo. Metab.</u>, 29:1499, 1969 (modified).
- 2. Gale EAM, et al: "The Physiological Effects of Insulin-Induced Hypoglycemia in Man." <u>Clinical Science</u>, August 1983.

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