

NAME OF DRUG

protirelin

CLASSIFICATION

Diagnostic agent

ALTERNATE NAMESRELEFACT TRH

INDICATIONS

- diagnostic test for the evaluation of hypothalamic-pituitary-thyroid axis
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RECONSTITUTION AND STABILITY

- stable at room temperature
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COMPATIBILITY

- incompatible with other drugs
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ROUTES OF ADMINISTRATION

- IV direct
 - over 30 seconds
 - may be injected into tubing of a running NS infusion
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VH & HSC ADMINISTRATION POLICY

- E - Direct IV route can be administered by nurses on general nursing units provided a venous access has been established
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DOSAGE

Adults: 0.2-0.4 mg

Children: 0.007 mg/kg; Maximum dose 0.4 mg

POTENTIAL HAZARDS OF PARENTERAL ADMINISTRATION

- transient increases and decreases in blood pressure
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IMPORTANT IMPLICATIONS

- blood pressure should be monitored for the first 15 minutes after the injection; patients should remain supine for at least 15 minutes after administration
 - may cause nausea, desire to urinate, flushing, dizziness, and unusual taste
 - use with caution in patients with cardiac disease, hypertension, renal insufficiency, or bronchial asthma
 - caffeine and theophylline enhance TRH activity and therefore patients should avoid foods and beverages containing these substances for 12-14 hours before test
 - ethinylestradiol and other exogenous estrogens cause a rise in TSH serum concentrations
 - glucocorticoids, levodopa, lithium, thyroid hormones, and antithyroid agents reduce the TSH response
 - blood samples for TSH assay should be drawn as follows:
 - baseline: immediately prior to dose
 - response: 20-30 minutes after the injection; to detect possible delayed responses, it may be necessary to draw further blood samples at 45-60 minutes after the injection
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