



134 Prince Avenue, Suite B
 Bellingham, WA 98226
 Phone (360) 933-4892
 Fax (360) 933-1197

Patient Name: _____

Date of Birth: _____ Weight (kg): _____

IV Access: _____

Allergies: _____

Stelara (for Crohn's or UC) Order Form

◆ **Orders are initiated unless crossed out by provider.**

Check box to initiate order.

Please complete this form and fax to (360)933-1197. Call our office and our clinical pharmacists will be happy to make therapy recommendations.

Diagnoses:

- Crohn's Disease
- Ulcerative Colitis
- Other: _____

ICD-10: _____
 ICD-10: _____
 ICD-10: _____

TB History:

Date of last PPD test: _____ Result: _____

Medication Orders:

- ◆ Stelara (ustekinumab)
 - Induction:** Administer IV over at least one hour as a single dose. Use 0.2 micron in-line filter.
 - Dose: 260 mg (<= 55 kg) 390 mg (>55 to 85 kg) 520 mg (>85 kg)
 - Maintenance:** Inject 90 mg subcutaneously every 8 weeks (starting 8 weeks after IV induction dose).
- ◆ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ◆ Infusion Reaction Management per Infusion Solutions protocol as needed.

Nursing Orders:

- If no central IV access, RN to insert peripheral IV and rotate site as needed.
- Monitor for infusion reactions during IV induction dose, and for 30 minutes after infusion.
- RN to administer subQ injections, and train patient to self-inject if deemed clinically appropriate.
- Other: _____

Labs:

- CBC with differential every _____
- _____ every _____
- _____ every _____

Prescriber Signature

Date

Please Print Name