

477 W. Horton Rd. 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			
<ul> <li>◆ Orders are initiated unless crossed out by provider.</li> <li>□ Check box to initiate order.</li> <li>Please complete this form and fax to (360)933-1197. Call our office and our clinical pharmacists will be happy to make therapy recommendations.</li> </ul>			
Diagno	oses: ☐ Crohn's Disease ☐ Ulcerative Colitis ☐ Other:	ICD-10: ICD-10: ICD-10:	
TB His	story: Date of last PPD test:		
Medic.	<ul> <li>Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.</li> <li>Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).</li> <li>Infusion Reaction Management per Infusion Solutions protocol as needed.</li> <li>Mursing Orders:</li> <li>If no central IV access, RN to insert peripheral IV and rotate site as needed.</li> <li>Monitor for infusion reactions during IV induction dose, and for 30 minutes after infusion.</li> <li>RN to administer subQ injections, and train patient to self-inject if deemed clinically appropriate.</li> </ul>		
<u>Labs:</u>			
	CBC with differential every		
		every	
		every	
Pre	rescriber Signature	Date	
Ple	ease Print Name		