

Place patient identification
sticker here

**DOCTOR'S ORDER SHEET –
PHARMACY – STELARA (ustekinumab)**

Allergies: NKA

Height _____ Weight _____ kg

****UNAPPROVED ABBREVIATIONS****

QD, QOD, MgSO₄, MSO₄, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero(Xmg)

DATE	TIME	ORDERS	NURSE SIGNATURE
		<input type="checkbox"/> Assign to Outpatient status	
		PREMEDICATIONS:	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> No pre-medications necessary	
		<input type="checkbox"/> methylprednisolone sodium succinate injection _____ mg IV x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____ mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____ mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		MEDICATION:	
		Stelara (ustekinumab) in 0.9% NS 250ml IV infusion with a low-protein binding 0.2 micron in-line filter	
		<input type="checkbox"/> INDUCTION INFUSION:	
		Dose: <input type="checkbox"/> 260mg (<55kg) <input type="checkbox"/> 390mg (55-85kg) <input type="checkbox"/> 520mg (>85kg)	
		Route: Intravenous	
		Frequency: Once	
		Infusion Duration: 60 minutes	
		<i>If infusion-related reaction:</i>	
		1.) STOP infusion immediately;	
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;	
		3.) Administer PRN medications per infusion reaction medication ordered;	
		4.) Call Max Cart;	
		5.) Notify MD	
		INFUSION REACTION MEDICATIONS:	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution)	
		(Note: dilute with 2.5ml of NS for an albuterol 2.5mg/3ml dose)	
		<i>Dose: 2.5mg via nebulizer as needed for shortness of breath/wheezing</i>	
		diphenhydrAMINE injectable	
		<i>Dose: 25mg IV x 1 dose for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved</i>	
		EPINEPHrine 1mg/ml (1:1000) injectable	
		<i>Dose: 0.3mg IM x1 dose as needed for anaphylaxis</i>	
		methylPREDNISolone sodium succinate 125mg injection	
		<i>Dose: 125mg IV x1 dose as needed for hypersensitivity</i>	
		NURSING ORDERS:	
		• <i>Initial Dose only:</i> Verify PPD or quanti-FERON-TB assay for latent TB results are negative for TB	
		• Ensure CBC has been drawn within the last 8 weeks, if not, instruct patient to receive lab draw immediately. Notify provider if patient is more than 12 weeks overdue for labs	
		• Ensure all immunizations are current before initiating therapy	
		• Ensure patient has not received MMR vaccine (measles, mumps, rubella vaccine), Rotavirus vaccine, Smallpox vaccine, YF-Vax (Yellow Fever) vaccine, MMRV (measles, mumps, rubella, and chickenpox) vaccine, or chickenpox vaccine within 3 weeks of initiation (Document in Meditech Intervention). Live vaccines should not be given concurrently or within 3 months of discontinuation of ocrelizumab.	
		• Do not administer ocrelizumab and notify provider if patient has a temperature >100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection	
		• Monitor patient for signs/symptoms of hypersensitivity during infusion and for 60 mins post-infusion	
		• Discontinue IV line when therapy complete and patient stabilized	

REFERENCES: Stelara Prescribing Information

USE BALL POINT PEN FAX TO PHARMACY

Qualified Medical Provider signature

Date

Time

