

ADMIT to Infusion Center of EAMC for **Ustekinumab (Stelara)**

DIAGNOSIS:

- | | |
|---|---|
| <input type="checkbox"/> CROHNS DISEASE | <input type="checkbox"/> PLAQUE PSORIASIS |
| <input type="checkbox"/> PSORIATIC ARTHRITIS | <input type="checkbox"/> ULCERATIVE COLITIS |
| <input type="checkbox"/> OTHER (specify): _____ | |

Lab:

- Labs must be resulted prior to infusion
- Physician office to verify results of TB test and hepatitis profile prior to referral.

Pre-Infusion:

- Monitor for signs/symptoms of infection.

Pre-Meds:

- ☐ Other: _____

Infusion/Injection Orders

Drug	Fluid	Dose	Route	Frequency of Therapy
Ustekinumab (Stelara Injection)	In 3ml Syringe	<input type="checkbox"/> 45mg <input type="checkbox"/> 90mg	Subcutaneous	<input type="checkbox"/> 0 and 4 weeks, and then every 12 weeks thereafter <input type="checkbox"/> Every 8 weeks : Begin maintenance dosing 8 weeks after the IV induction dose.
Ustekinumab (Stelara IV Induction) (Crohn's Disease)	NS 250ml (Total Volume)	<input type="checkbox"/> 260mg (≤ 55 kg) <input type="checkbox"/> 390mg (56-85 kg) <input type="checkbox"/> 520mg (> 85 kg)	IV Infusion	Induction dose is a one-time dose

Ancillary Treatment/Administrative Procedures

- ❖ Administer IV infusion over 1 hour.
- ❖ Use Taxol set.
- ❖ Monitor Vital Signs prior to infusion/injection; then as needed.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

Ordering Physician

Date

Time

EAST ALABAMA MEDICAL CENTER
Infusion Order Set
Ustekinumab (Stelara)

Patient Identification