

# Infusion Clinic

## Ustekinumab (Stelara)



### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Allergies \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

ICD-10 Code: Must be included \_\_\_\_\_  
description (Circle) plaque psoriasis psoriatic arthritis Crohn's disease

### ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

Patient Weight in kg \_\_\_\_\_

**Weight Based Dosing:** Give Ustekinumab (Stelara) IV over 1 hour **One time only**

Up to 55 kg: **260 mg**  Greater than 55 kg to 85 kg: **390 mg** OR  Greater than 85 kg: **520 mg**

**Pre-meds (drug, dose, and route):**

Diphenhydramine 25mg 50mg IV once. If IV formulation not available give PO

Tylenol 650mg PO once

Ondansetron 4mg IV once PRN Nausea

Other (drug, dose, route and frequency) \_\_\_\_\_

Follow SH Infusion reaction algorithm for symptom of infusion reaction.

QFG TB testing every 12 months while on therapy.

Most current TB test & type: \_\_\_\_\_ Results: \_\_\_\_\_ Date: \_\_\_\_\_

Lab before each infusion:  CMP  CBC

Other \_\_\_\_\_

**PATIENTS WITH CENTRAL LINE ACCESS:**

Select one: Patient has a  PICC  Implanted port  Other CVAD  Patient does not have a CVAD

Central line care per Salem Health CVAD Access Policy & Procedure. (Lippincott)

Alteplase/cathflo 2mg IV MR X1 instilled into central catheter per Salem Health Central Venous Access Device declotting (Lippincott) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow

1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.) Notify Physician or Provider

Contact provider prior to infusion if patient reports changes from previous infusion related to: active infection, illness (with or without fever) active cancer, symptoms of hepatitis, jaundice changes in LOC, confusion, or other neurological symptoms, Notify provider of all infusion reactions.

Notify provider if infusion NOT given or patient status is 'No Show' for his or her appointment.

Provider Signature

Provider Printed Name

Date:

[salemhealth.org](http://salemhealth.org)

**Infusion**

Appointment line: 503-814-4638  
(M-F: 8 a.m. - 4 p.m., Sat & Sun 8 a.m. - 2 p.m.)

Fax: 503-814-1465

Clinic Hours M-F 8 a.m. - 4:30 p.m.,

Sat-Sun & Holidays 8 a.m. - 2:30 p.m.

Order template reviewed  
and approved by:

\_\_\_\_\_

**PATIENT LABEL**