

(ustekinumab)

# STELARA IV infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ M  F

## DIAGNOSIS *Please provide ICD-10 code*

\_\_\_\_\_ Crohn's Disease

\_\_\_\_\_ (other)

## PRE-MEDICATION

Tylenol 1000mg IV

Diphenhydramine 25mg IV

Cetirizine 10mg IV

\_\_\_\_\_

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

\_\_\_\_\_

## STELARA IV ORDERS

### DOSAGE

up to 55kg - **260mg** (2 vials)

greater than 55kg to 85kg - **390mg** (3 vials)

greater than 85kg - **520mg** (4 vials)

### PATIENT WEIGHT

\_\_\_\_\_ lbs.

\_\_\_\_\_ kg

### FREQUENCY

initial infusion followed by SQ injections self-administered

*(follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order)*

## NOTES

\_\_\_\_\_

## ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_