



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- Interval: **INDUCTION** – Once x 1 treatment (begin maintenance dose on day 56)
- Interval: **MAINTENANCE** – Every 56 days

Duration:

- Until date: _____
- 1 year
- _____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

- SH Gerber
- SH Lemmen Holton (GR)
- SH Pennock
- SH United Memorial
- SH Helen DeVos (GR)
- SH Ludington
- SH Reed City
- SH Zeeland

Provider Specialty

- Allergy/Immunology
- Infectious Disease
- OB/GYN
- Rheumatology
- Cardiology
- Internal Med/Family Practice
- Other
- Surgery
- Gastroenterology
- Nephrology
- Otolaryngology
- Urology
- Genetics
- Neurology
- Pulmonary
- Wound Care

Appointment Requests

- Infusion Appointment Request**
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs. Verify that all INDUCTION/LOADING DOSES have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES.

Provider Ordering Guidelines

- ONC PROVIDER REMINDER 15**
USTEKINUMAB (STELERA) Crohn disease:

Tuberculosis surveillance and management: Screen prior to starting therapy. Treat latent infection prior to starting therapy.

Induction: IV:

Less than or equal to 55 kg: 260 mg as single dose

Greater than 55 kg to 85 kg: 390 mg as single dose

Greater than 85 kg: 520 mg as single dose

Maintenance: SubQ: 90 mg every 8 weeks; begin maintenance dosing 8 weeks after the IV induction dose.

Safety Parameters and Special Instructions

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**
Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**
TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.



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Labs

- Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually**
- ONC PROVIDER REMINDER 28**
Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.
- TB Screen (Quantiferon Gold)**
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

Additional Lab Orders

	Interval	Duration
<input type="checkbox"/> Labs: _____	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments

Nursing Orders

- ONC NURSING COMMUNICATION 15**
USTEKINUMAB (STELERA):

Hypersensitivity, including anaphylaxis and angioedema, has been reported. Discontinue immediately with signs/symptoms of hypersensitivity reaction and treat appropriately as indicated.

Monitor for signs/symptoms of infection, reversible posterior leukoencephalopathy syndrome (RPLS), and squamous cell skin carcinoma.
- ONC NURSING COMMUNICATION 100**
May Initiate IV Catheter Patency Adult Protocol



Treatment Parameters

- ONC MONITORING AND HOLD PARAMETERS 4**
May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantIFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative.

Medications - INDUCTION

	Interval	Duration
<input checked="" type="checkbox"/> ustekinumab (STELARA) in sodium chloride 0.9 % 250 mL IVPB	Once	1 treatment
Dose: <input type="checkbox"/> 260 mg <input type="checkbox"/> 390 mg <input type="checkbox"/> 520 mg		
Intravenous, Administer over 1 Hour, Once, Starting S, For 1 Dose		
Infuse over at least 1 hour; use of IV set with an in-line, low-protein binding filter (0.2 micrometer) required. Do not infuse concomitantly in the same IV line with other agents.		

Medications – MAINTENANCE

- ustekinumab (STELARA) 90 MG/ML injection 90 mg**
90 mg, Subcutaneous, Once, Starting S, For 1 Dose
Administer by subcutaneous injection into the top of the thigh, abdomen, upper arms, or buttocks. Rotate sites. Do not inject into tender, bruised, erythematous, or indurated skin. Avoid areas of skin where psoriasis is present. Discard any unused portion. Intended for use under supervision of physician

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #	
		Sign		R.N. Sign		Physician Print	Physician

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