

Stelara Infusion Orders (Revised 9/7/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

Required Lab Results: Prior to infusion Hep B profile and PPD/Quantiferon Gold (If outside Atrium, please fax with order. Required prior to scheduling.)

Infusion Therapy:

Stelara (ustekinumab) _____ mg IV over 1 hour **ICD 10 code:** _____

Frequency: Once

Pre-Meds:

Administer 30 minutes prior to Stelara: No Pre-meds Needed

Acetaminophen _____ mg PO x 1

Benadryl _____ mg PO or _____ mg IV x 1 (*if applicable, only choose ONE*)

Loratadine 10mg PO x1

SoluMedrol _____ mg IV x 1

PRN Medications:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Do not administer if a patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Infuse using an in-line protein .2-micrometer filter.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of infusion.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: