

Stelara Injection Order (Revised 4/3/21)

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

Required Lab Results: Prior to first injection Hep B Profile and PPD/QuantIFERON Gold (If outside Atrium, please fax with order. Required prior to scheduling.)

Infusion Therapy:

Stelara (ustekinumab) _____ mg SC

Frequency: _____

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Rotate sites with each injection.

Infusion Monitoring:

- Obtain vital signs pre-injection and obtain post-injection PRN.
- Monitor for signs of reaction for 30 mins after injection.
- 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.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: