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| --- | --- | --- | --- | --- | --- |
| **Patient:**  **Stelara (ustekinumab) SQ** | | | | **DOB:** | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | |
| **Required lab results and/or tests prior to scheduling:**  Hep B Profile and PPD/QuantiFERON Gold | | | | | |
| **ICD 10/Primary Diagnosis:** | | | **ICD10/Secondary Diagnosis:** | | |
| **Height:** | **Weight:** | | **Allergies:** | | |
| **Infusion Therapy** | | | **Frequency** | | |
| **Initial/Loading Dose**  Stelara (ustekinumab) SQ **45 mg (≤ 100 kg)**  Stelara (ustekinumab) SQ **90 mg (>100 kg)**  **Maintenance Dose**  Stelara (ustekinumab) SQ **45 mg (≤100 kg)**  ☐ Stelara (ustekinumab) SQ **90 mg (>100 kg)** | | | **Loading Dose**: Every 4 weeks x 2 treatments  **Maintenance Dose**: Every 8 weeks  **Maintenance Dose**: Every 12 weeks | | |
| **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Labs** | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -**  Hep B Profile and PPD/QuantiFERON Gold  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | |
| **LAB** | | **FREQUENCY** | **LAB** | | **FREQUENCY** |
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|  | |  |  | |  |
| **Nursing Communication/Orders** | | | | | |
| Obtain vitals pre-treatment and post treatment PRN.  Monitor for signs of reactions or side effects for 30 minutes post-treatment with initial dose.  Rotate sites with each injection.  **Notify provider IF:**  - Hepatitis B Panel: POSITIVE result, or not on file  - PPD/QuantiFERON Gold: POSITIVE result, or not on file  **HOLD treatment and notify provider IF:**  - Temperature GREATER THAN 100°F  - Patient complains of symptoms of acute viral or bacterial illness  - Patient taking antibiotics for current infection  Schedule at least 56 days apart. | | | | | |