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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:**[x]  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 infectionSchedule at least 56 days apart. |