



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85917-001NS Rev. 8/2021

**Ustekinumab (STELARA)  
Infusion Therapy Plan**

**Baseline Patient Demographic**

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>)

NKDA - No Known Drug Allergies  Allergies: \_\_\_\_\_

**Therapy Plan orders extend over time (several visits) including recurring treatment.**

Please specify the following regarding the entire course of therapy:

Duration of treatment: \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ unknown

Treatment should begin:  as soon as possible (within a week)  within the month

**\*\*Plans must be reviewed / re-ordered at least annually. \*\***

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**ADMIT ORDERS**

Height and weight

Vital signs

**HYPOTENSION DEFINED ADMIT**

Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

**NURSING ORDERS**

Please select all appropriate therapy

**IV START NURSING ORDERS**

Insert Peripheral IV

Place PIV if needed or access IVAD if available.

lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

when immediate procedure needed  when procedure will take about 1 minute  patient / family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets  $\leq$  20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

when more than 60 minutes are available before procedure  when procedure will take more than 1 hour

patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.



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**NURSING ORDERS, CONTINUED**

**lidocaine - tetracaine (SYNERA) patch**

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure     when procedure will take more than 1 hour  
 when anticipated pain is less than 5 mm from skin surface     patient / family preference for procedure

**lidocaine with transparent dressing 4% kit**

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure     when procedure will take more than 1 hour  
 patient / family preference for procedure

**Heparin flush**

**heparin flush**

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

**heparin flush**

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

**Sodium chloride flush**

**Sodium chloride flush 0.9% injection**

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

**Sodium chloride - preservative free 0.9% injection**

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

**PRE - PROCEDURE LABS**

**GI Every Visit Labs - Default selected (CBC, ALB, CRP, ALT GGT)**

**Complete Blood Count with Differential (CBC)**

Unit collect

**Albumin**

Unit collect

**C-Reactive Protein**

Unit collect

**Alanine Aminotransferase**

Unit collect

**Gamma Glutamyl Transferase**

Unit collect

**GI Every Visit Labs - Not default selected (AST)**

**Aspartate Aminotransferase**

Unit collect

**GI Every 6 month labs**

**Vitamin D 25 Hydroxy**

Unit collect



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**PRE-PROCEDURE LABS, CONTINUED**

**GI Every 12 month labs**

- Vitamin B12**  
Unit collect
- Folate RBC**  
Unit collect
- Iron**  
Unit collect
- Ferritin**  
Unit collect
- Quantiferon TB Gold**  
Unit collect

**GI PRN labs**

- Clostridium Difficile Toxin by PCR**  
Unit collect STOOL
- Zinc**  
Unit collect
- Hepatitis B Surface Antibody**  
Unit collect
- Hepatitis B Surface Antigen**  
Unit collect
- Varicella Zoster IgG**  
Unit collect
- Stool Culture**  
Unit collect, STOOL
- Gastrointestinal Panel by PCR**  
Unit collect, STOOL
- Miscellaneous Send out Test:** \_\_\_\_\_  
Unit collect
- Calprotectin Fecal**  
Unit collect

**INTRA-PROCEDURE**

- Vital signs**  
Every 30 minutes, Check blood pressure, pulse, respirations, temperature and pain prior to the start of the infusion. Observe vitals frequently upon the initiation of the infusion for signs and symptoms and / or complaints of infusion related reactions.
- Physician communication order**  
Dosing of IV ustekinumab (Stelara) as follows. Please enter the dose of ustekinumab in 'mg' to facilitate prior authorization requirements:

Less than 40 kg	6 mg / kg
greater than 40 kg to 55 kg	260 mg IV
greater than 55 kg to 85 kg	390 mg IV
greater than 85 kg	520 mg IV

Key: ALB = albumin; ALT = alanine aminotransferase; AST = aspartate aminotransferase; CBC = complete blood count; cm = centimeter; CRP = c-reactive protein; Disp = dispense; GI = gastrointestinal; GGT = gamma glutamyl transferase; gm = gram; IgG = Immunoglobulin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m<sup>2</sup> = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; PCR = polymerase chain reaction; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = peripheral venous catheter; RBC = red blood count, SBP = systolic blood pressure



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### Ustekinumab (STELARA) Infusion Therapy Plan

#### ORDERS TO BE COMPLETED FOR EACH THERAPY

#### INTRA-PROCEDURE, CONTINUED

##### ustekinumab (STELARA) in sodium chloride 0.9% 250 mL infusion

INTRAVENOUS, at 250 mL / hour, ONCE, administer over 60 minutes, Must infuse over 1 hour. Administer with a 0.2 micron disk filter which pharmacy will provide. Do not shake bag.

Dose: \_\_\_\_\_

#### Therapy Appointment Request

Please select department for the therapy appointment request:

Expires in 365 days

Dallas Special Procedures  Plano Infusion Center  Dallas Allergy  Dallas Transplant  Dallas Neurology

#### EMERGENCY MEDICATIONS

#### Nursing communication

##### 1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**

- Stop the infusion
- Give diphenhydramine as ordered
- Check vitals including blood pressure every 5 minutes until further orders from provider.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
- Notify provider for further orders

##### 2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling **PATIENT IS HAVING ANAPHYLAXIS:**

- Stop the infusion
- Call code – do not wait to give epinephrine
- Give epinephrine as ordered
- Notify provider
- Check vitals including blood pressure every 5 minutes until the code team arrives.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- Give diphenhydramine once as needed for hives
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.

##### **Hypotension is defined as follows:**

1 month to 1 year – systolic blood pressure (SBP) less than 70  
 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)  
 11 years to 17 years – systolic blood pressure (SBP) less than 90  
 OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.  
 Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

#### EPINEPHrine Injection Orderable For Therapy Plan (AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: \_\_\_\_\_

#### Cardio / Respiratory Monitoring

Rationale for Monitoring: High risk patient (please specify risk)

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply):  Heart rate  Oxygen saturation  Respiratory rate

Telemetry Required:  Yes  No



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**EMERGENCY MEDICATIONS, CONTINUED**

**diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose. Maximum dose = 50 mg per dose, 300 mg per day.

**Dose:** \_\_\_\_\_

**Albuterol for aerosol**

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

**Dose:** \_\_\_\_\_

**POST-PROCEDURE**

**Nursing communication**

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.  
Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.  
Discontinue PIV prior to discharge.

**Sodium chloride 0.9% infusion**

INTRAVENOUS, at 0 - 25 mL / hour ONCE, for 1 dose

**Dose:** \_\_\_\_\_

**PRESCRIPTIONS**

**Nursing communication**

Discharge Prescription to begin 8 weeks after IV induction dose, prescription should be based on the following: < 40 kg: 45 mg subcutaneous every 8 weeks ≥ or 40kg: 90 mg sub-q every 8 weeks.

**Physician communication order**

\*\*\*Reminder communication order to select appropriate discharge prescription is ordered \*\*\*Discharge prescription for stelara, to start 8 weeks after IV induction dose (select the appropriate order below): < 40 kg: 45 mg subcutaneous every 8 weeks ≥ 40 kg: 90 mg subcutaneous every 8 weeks

**Ustekinumab (STELARA) 45 mg / 0.5 mL syringe**

45 mg, SUBCUTANEOUS, every 8 weeks, dispense 1 syringe, with 3 refills, e-prescribe

**Dose:** \_\_\_\_\_

**Ustekinumab (STELARA) 90 mg / 1 mL syringe**

90 mg, SUBCUTANEOUS, every 8 weeks, dispense 1 syringe, with 3 refills, e-prescribe

**Dose:** \_\_\_\_\_

(circle one):  
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider