



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the **X** to remove the pre-checked option.

USTEKINUMAB (STELARA) THERAPY PLAN [11500629] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Pre-Screening Labs

Provider Communication
Provider to send PPD/Tuberculosis screening lab results with completed orders.

Labs	Interval
<input type="radio"/> Complete Blood Count W/ Automated Differential	Once
<input type="radio"/> Comprehensive Metabolic Panel	Once
<input type="radio"/> C-Reactive Protein	Once
<input type="radio"/> Sedimentation Rate, Westergren	Once

Pre-Medications	Interval
<input type="radio"/> acetaminophen (TYLENOL) tablet 650 mg	Once Route: Oral
<input type="radio"/> diphenhydramine (BENADRYL) capsule 25 mg <i>May use IV or PO</i>	Once Route: Oral
<input type="radio"/> diphenhydramine (BENADRYL) injection 25 mg <i>May use IV or PO</i>	Once Route: IV

Supportive Care	Interval
<input checked="" type="checkbox"/> USTEKINUMAB (STELARA) INFUSION <i>Dose _____</i>	ONCE Route: IV

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Vital signs prior to infusion and every 30 minutes during infusion and 30 minutes post infusion. Call provider for: Systolic BP < 80 or > 200 mmHg, Pulse < 50 or > 130 bpm, Temp > 38.3 C, If stable 30 minutes post infusion, discharge patient home on usual home medication.</i>	Once
<input checked="" type="checkbox"/> Nursing Communication <i>Future subcutaneous doses of Ustekinumab are no longer covered in the infusion center population, this is considered a self-administered medication.</i>	Once

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Vascular Access (single select)		Interval
<input type="radio"/> IV	<ul style="list-style-type: none"> - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i> 	Every Visit
<input type="radio"/> Central line (non-PICC)	<ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL for Line Care at discharge and de-access every visit</i> - heparin 100 units/mL 5 mL <i>5 mL for de-access PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> 	Every Visit
<input type="radio"/> PICC line	<ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate PICC maintenance protocol - Nursing Communication <i>Change PICC line dressing weekly and PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> 	Every Visit

PRN Medications		Interval
<input type="radio"/> acetaminophen (TYLENOL) tablet 650 mg <i>650 mg Every 4 Hours PRN, Mild Pain (Pain Scale 1-3), Fever</i>	PRN	Route: Oral
<input type="radio"/> sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
<input type="radio"/> sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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USTEKINUMAB (STELARA) THERAPY PLAN

Emergency Medications		Interval
✗ diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN	Route: IV 25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.
✗ albuterol 90 mcg/actuation inhaler 2 puff	PRN	Route: Inhalation 2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.
✗ methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg	PRN	Route: IV 125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.
✗ EPINEPHRine (ADRENALIN) injection for Allergic Reaction 0.5 mg	PRN	Route: Intramuscular 0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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