



Cottage Grove Infusion
1515 Village Drive
Cottage Grove, OR 97424
Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164

USTEKINUMAB (Stelara) (v. 05/24/2024)

Diagnosis/Indication (ICD-10): _____

* Please send copy of recent (within last 30 days) CBC with differential, CMP, CRP, ESR and Quantiferon gold prior with this order

Medication:

- .. Ustekinumab 260 mg IV x 1 (patient weight < 55kg) loading dose
- .. Ustekinumab 390 mg IV x 1 (patient weight 55 - 85kg) loading dose
- .. Ustekinumab 520 mg IV x 1 (patient weight > 85kg) loading dose
- .. Acetaminophen (TYLENOL) 650 mg PO once 30 minutes prior to infusion
- .. Diphenhydramine (Benadryl) 25 mg PO once 30 minutes prior to infusion

Nursing communications:

- n Vital signs: Initial, and as needed. Call provider for systolic BP <80 or >200 mmHg, pulse <50 or >130 bpm, temp > 38.3 C.
- .. Observe patient 30 minutes after infusion, if stable then discharge patient home

Access:

- .. Insert peripheral IV
 - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Emergency Medications:

- n Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic).
 - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- n MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- n Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- n Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- n May give emergency medications IM if IV route unavailable

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____