



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 &lt; 80 or &gt; 200 mmHg, Pulse &lt; 50 or &gt; 130 bpm, Temp &gt; 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: \_\_\_\_\_

Place Patient Label Here

Vascular Access (single select)	Interval
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- |   |             |
|---|-------------|
| <input type="radio"/> IV <ul style="list-style-type: none"> <li>- Insert peripheral IV</li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care</i></li> </ul>  | Every Visit |
| <input type="radio"/> Central line (non-PICC) <ul style="list-style-type: none"> <li>- Access vascular device and confirm patency</li> <li>- Initiate Central line (non-PICC) maintenance protocol</li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care prior to medication administration PRN</i></li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care post medication administration PRN</i></li> <li>- sodium chloride (NS) flush 20 mL<br/><i>20 mL As Needed for Line Care post lab draw PRN</i></li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL for Line Care at discharge and de-access every visit</i></li> <li>- heparin 100 units/mL 5 mL<br/><i>5 mL for de-access every visit</i></li> <li>- alteplase (CATHFLO) injection 2 mg<br/><i>Other, Starting when released, For 2 dose, 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></li> </ul> | Every Visit |
| <input type="radio"/> PICC line <ul style="list-style-type: none"> <li>- Access vascular device and confirm patency</li> <li>- Initiate PICC maintenance protocol</li> <li>- Nursing Communication<br/><i>Change PICC line dressing weekly and PRN</i></li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care prior to medication administration PRN</i></li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care post medication administration PRN</i></li> <li>- sodium chloride (NS) flush 20 mL<br/><i>20 mL As Needed for Line Care post lab draw PRN</i></li> <li>- alteplase (CATHFLO) injection 2 mg<br/><i>Other, Starting when released, For 2 dose, 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></li> </ul>  | Every Visit |

PRN Medications	Interval	
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- |  |     |             |
|--|-----|-------------|
| <input type="radio"/> acetaminophen (TYLENOL) tablet 650 mg<br><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<br><i>10 mL As Needed for Line Care</i>   | PRN | Route: IV   |
| <input type="radio"/> sodium chloride 0.9 % bolus 500 mL<br><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**

- | X | diphenhydrAMINE (BENADRYL) injection 25-50 mg<br><i>25-50 mg Once As Needed For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritic). 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 1 dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV            |
|---|---|-----|----------------------|
| X | albuterol 90 mcg/actuation inhaler 2 puff<br><i>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.</i>   | PRN | Route: Inhalation    |
| X | methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg<br><i>125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>   | PRN | Route: IV            |
| X | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg<br><i>0.5 mg Once As Needed For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (&gt;= 40 points in SBP), shortness of breath with wheezing and O2Sat &lt;90%), and contact provider.</i>  | PRN | Route: Intramuscular |

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 Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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**USTEKINUMAB (STELARA) THERAPY PLAN**