

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

## USTEKINUMAB (STELARA) THERAPY PLAN [11500629] Therapy Plan To Be Used In Infusion Center

Infusion Center Location:		Sta	art Date:		
Diagno	sis/Indication:				
Author	ization Number:				
Patient Name					Weight
Provi	der Communication Orders	Inte	erval		
	Physician Communication	On	ice		
	Starting when released Order one CBC with to patient starting treatment.	n Differential, CM	IP, CRP, I	ESR, and tuber	culosis screening test prior
	Provider Communication	On	ice		
	Starting when released Select most approp central line access set of orders, then de-set		set only)	for IV access /	central line - if selecting a
Supp	ortive Care	Int	erval		
	USTEKINUMAB (STELARA) INFUSION			Route:	
	Starting when released, For 1 dose Dose Frequency _				
Labs		Int	erval		
	Complete Blood Count with Automated Differen	ntial On	ice		
	Starting when released				
	Comprehensive Metabolic Panel	On	ice		
	Starting when released				
	C-Reactive Protein	On	ice		
	Starting when released				
	Sedimentation Rate, Westergren	On	ice		
	Starting when released				
	Treatment Lab Instructions	PR			
	Starting when released Nursing to release the -Sedimentation Rate, westergren, Provider and Treatment Date.	the following labs approves to Rele	s: -CBC w ase and [	ith Differential, · Oraw labs 2 day	-CMP, -C-Reactive Protein, rs Pre & Post this Planned
Nursi	ing Orders	Int	erval		
	Nursing Communication	On	ice		
	Starting when released Vital signs prior to in Call provider for: Systolic BP< 80 or >200mr infusion, discharge patient home on usual he	mHg, Pulse <50			
	Nursing Communication	On	ice		
	Starting when released Future subcutaneous doses of Ustekinumab are no longer covered in the infusion center population, this is considered a self-administered medication.				
	Drawiday Ciga atusa				
	Provider Signature	EHR User ID	Date		Time
Initials		1			
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USTEKINUMAB (STELARA) THERAPY PLAN					
Place Patient Label Here		Prog & Orders			

	Insert peripheral IV	PRN				
	Starting when released					
	Access & Use Central Line/CVAD	PRN				
	Starting when released Access vascular dev	vice and confirm patency.				
	Access & Use Central Line/CVAD	PRN				
	Starting when released Access vascular dev	vice and confirm patency.				
	sodium chloride (NS) flush 10 mL	PRN	Route: IV			
	Line Care, Starting when released					
	Initiate Central Line (Non-PICC) Maintenance F	Protocol PRN				
	Starting when released					
	Initiate PICC Maintenance Protocol	PRN				
	Starting when released					
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV			
	Other, Line Care prior to medication adminis	stration, Starting when release	ed			
	Nursing Communication	PRN				
	Starting when released Change PICC line d	lressing weekly and as neede	d.			
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV			
	Other, Line Care post medication administra	ation, Starting when released				
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV			
	Other, Line Care prior to medication adminis	stration, Starting when release	ed			
	sodium chloride 0.9 % injection 20 mL	PRN	Route: IV			
	Other, Line Care post lab draw, Starting who	en released				
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV			
	Other, Line Care post medication administra	ation, Starting when released				
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV			
	Other, Line Care at discharge and de-acces	s, Starting when released				
	sodium chloride 0.9 % injection 20 mL	PRN	Route: IV			
	Other, Line Care post lab draw, Starting who	en released				
	heparin, porcine (PF) 100 unit/mL flush 500 Un	its PRN	Route: IV			
	Line Care, for de-access, Starting when rele	eased				
	alteplase (CATHFLO) injection 2 mg	PRN	Route: Intra-Catheter			
	Other, Line Care, 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 by 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.					
	alteplase (CATHFLO) injection 2 mg	PRN	Route: Intra-Catheter			
	Other, Line care, 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 by 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					
Pre-N	Medications	Interval				
	Describer Circust					
	Provider Signature	EHR User ID Date	Time			
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		USTEKINUMAB (S	STELARA) THERAPY PLAN			
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Prog & Orders

	acetaminophen (TYLENOL) tablet 650 mg	Once	Route: Oral			
	Once Starting when released, For 1 dose					
	diphenhydrAMINE (BENADRYL) capsule 25 mg	g Once	Route: Oral			
	Once Starting when released, For 1 dose, May use IV or PO					
	diphenhydrAMINE (BENADRYL) injection 25 m	ig Once	Route: IV			
	Every 6 Hours PRN Starting when released,	May use IV or PO.				
PRN I	Medications	Interval				
	acetaminophen (TYLENOL) tablet 650 mg	PRN	Route: Oral			
	650 mg Every 4 Hours PRN Oral Mild Pain (	(Pain Scale 1-3), Fever,	Starting when released			
	sodium chloride (NS) flush 10 mL	PRN	Route: IV			
	10 mL As Needed IV Line Care, Starting wh	en released				
	sodium chloride 0.9 % bolus 500 mL	PRN	Route: IV			
	500 mL Once As Needed IV Line Care, Star	rting when released, Rui	n at TKO (25ml/hr)			
Emer	gency Medications	Interval				
	diphenhydrAMINE (BENADRYL) injection 25-50	0 mg PRN	Route: IV			
	25 to 50 mg Once As Needed IV Other, 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), For 1 dose, 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 25mg IV dose for a total of 50 mg, and notify provider					
	albuterol 90 mcg/actuation inhaler 2 puff	PRN	Route: Inhalation			
	2 puff Once As Needed Inhalation Wheezing with infusion reaction and notify provider, Sta					
	methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg	PRN	Route: IV			
	125 mg Once As Needed IV For shortness of (flushing, dizziness, headache, diaphoresis, 20 points in SBP), nausea, urticaria, chills, pudiphenhydramine (Benadryl), and notify prov	fever, palpitations, ches ruritis) that worsen or pe	rsist after administration of			
	EPINEPHrine (ADRENALIN) injection 0.5 mg	PRN	Route: Intramuscular			
	0.5 mg Once As Needed Intramuscular Other, 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 notify provider, For 1 dose					
	Provider Signature	EHR User ID Date	e Time			
Initials						

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USTEKINUMAB (STELARA) THERAPY PLAN

Prog & Orders