



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

### Pre-Medications

### Interval

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

### Supportive Care

### Interval

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

### Nursing Orders

### Interval

- Nursing Communication Once  
*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.*
- Nursing Communication Once  
*Future subcutaneous doses of Ustekinumab are no longer covered in the infusion center population, this is considered a self-administered medication.*

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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USTEKINUMAB (STELARA) THERAPY PLAN

Vascular Access (single select)	Interval
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- |   |             |
|---|-------------|
| <ul style="list-style-type: none"> <li>○ IV               <ul style="list-style-type: none"> <li>- Insert peripheral IV</li> <li>- sodium chloride (NS) flush 10 mL<br/>10 mL As Needed for Line Care</li> </ul> </li> </ul>  | Every Visit |
| <ul style="list-style-type: none"> <li>○ 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/>10 mL As Needed for Line Care prior to medication administration PRN</li> <li>- sodium chloride (NS) flush 10 mL<br/>10 mL As Needed for Line Care post medication administration PRN</li> <li>- sodium chloride (NS) flush 20 mL<br/>20 mL As Needed for Line Care post lab draw PRN</li> <li>- sodium chloride (NS) flush 10 mL<br/>10 mL for Line Care at discharge and de-access every visit</li> <li>- heparin 100 units/mL 5 mL<br/>5 mL for de-access PRN</li> <li>- alteplase (CATHFLO) injection 2 mg<br/>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</li> </ul> </li> </ul> | Every Visit |
| <ul style="list-style-type: none"> <li>○ 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/>Change PICC line dressing weekly and PRN</li> <li>- sodium chloride (NS) flush 10 mL<br/>10 mL As Needed for Line Care prior to medication administration PRN</li> <li>- sodium chloride (NS) flush 10 mL<br/>10 mL As Needed for Line Care post medication administration PRN</li> <li>- sodium chloride (NS) flush 20 mL<br/>20 mL As Needed for Line Care post lab draw PRN</li> <li>- alteplase (CATHFLO) injection 2 mg<br/>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</li> </ul> </li> </ul>   | Every Visit |

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

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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**Emergency Medications****Interval**

- | X  | Interval | Route:        |
|--|----------|---------------|
| diphenhydrAMINE (BENADRYL) injection 25-50 mg<br><i>25-50 mg Once As Needed IV, 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, 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.</i> | PRN      | IV            |
| 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      | Inhalation    |
| methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg<br><i>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 (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>  | PRN      | IV            |
| EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg<br><i>0.5 mg Once As Needed Intramuscular, 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      | Intramuscular |

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 Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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