 <p><b>LEGACY HEALTH</b></p>	<p><b>Legacy Day Treatment Unit Provider's Orders</b></p> <p>Adult Ambulatory Infusion Order USTEKINUMAB (STELARA) for Inflammatory Bowel Disease (Crohn's Disease and Ulcerative Colitis)</p>	<p><b>Patient Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Med. Rec. No (TVC MRN Only):</b> _____</p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

**Anticipated Start Date:** \_\_\_\_\_ **Patient to follow up with provider on date:** \_\_\_\_\_

**\*\*\*This plan will expire after 365 days, unless otherwise specified below\*\*\***

**Orders expire:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg    **Height:** \_\_\_\_\_ cm

**Allergies:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_ (please include primary and secondary diagnosis codes)

**GUIDELINES FOR PRESCRIBING:**

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). Please send results with order. If result is indeterminate, a follow up chest X-ray must be performed to rule out TB. Please send results with order. Patients should not have an active ongoing infection at the onset of ustekinumab therapy.
3. Monitor patients for signs / symptoms of active TB, infection, reversible posterior leukoencephalopathy syndrome (RPLS), and malignancy throughout therapy.

**PRE-SCREENING (Results must be available prior to initiation of therapy):**


- Tuberculin skin test or QuantiFERON Gold blood test results scanned with orders.
- Chest X-ray result scanned with orders if TB test result is indeterminate.

**LABS TO BE DRAWN (orders must be placed in TVC Epic by ordering provider if TVC provider):**

- CBC with differential, Routine, ONCE
- CMP, Routine, ONCE

**NURSING ORDERS (TREATMENT PARAMETERS):**

1. TREATMENT PARAMETER – Hold treatment and contact provider if TB test result is positive or if screening has not been performed.
2. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
3. For signs and symptoms of active infection contact provider prior to administering. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters

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**MEDICATIONS:**

- Initial Dose:** Ustekinumab (STELARA) in sodium chloride 0.9%, intravenous, ONCE, over 1 hour
- |                             |                                                             |
|-----------------------------|-------------------------------------------------------------|
| Less than or equal to 55 kg | <input type="checkbox"/> <b>260 mg</b> (two 130 mg vials)   |
| Greater than 55-85 kg       | <input type="checkbox"/> <b>390 mg</b> (three 130 mg vials) |
| Greater than 85 kg          | <input type="checkbox"/> <b>520 mg</b> (four 130 mg vials)  |

**AS NEEDED MEDICATIONS:**

1. acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for fever
2. diphenhydrAMINE (BENADRYL) capsule, 25 mg, oral, EVERY 4 HOURS AS NEEDED for itching

**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION - If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction



**Legacy Day Treatment Unit  
Provider's Orders**

Adult Ambulatory Infusion Order  
USTEKINUMAB (STELARA) for  
Inflammatory Bowel Disease  
(Crohn's Disease and Ulcerative  
Colitis)

**Patient Name:**  
**Date of Birth:**  
**Med. Rec. No** (TVC MRN Only):

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Please check the appropriate box for the patient's preferred clinic location:

**Legacy Day Treatment Unit –  
The Vancouver Clinic Building**  
*A department of Salmon Creek Medical Center*  
700 NE 87<sup>th</sup> Avenue, Suite 360  
Vancouver, WA 98664  
Phone number: 360-896-7070  
Fax number: 360-487-5773

**Legacy Emanuel Day Treatment Unit**  
*A department of Emanuel Medical Center*  
501 N Graham Street, Suite 540  
Portland, OR 97227  
Phone number: 503-413-4608  
Fax number: 503-413-4887

**Legacy Salmon Creek Day Treatment Unit**  
Legacy Salmon Creek Medical Center  
2121 NE 139<sup>th</sup> Street, Suite 110  
Vancouver, WA 98686  
Phone number: 360-487-1750  
Fax number: 360-487-5773

**Legacy STEPS Clinic**  
*A department of Silverton Medical Center*  
Legacy Woodburn Health Center  
1475 Mt Hood Ave  
Woodburn, OR 97071  
Phone number: 503-982-1280  
Fax number: 503-225-8723

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Organization/Department:** \_\_\_\_\_