



Oregon Medical Group
Infusion Center
1007 Harlow Road
Springfield, Oregon 97477
Phone: (541) 741-0387
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Stelara Orders

Name: _____ DOB: _____ Weight (specify units) _____

Diagnosis: _____ ICD-10 Code: _____

1. Vital signs: Initial, PRN

2. Dosing Regimen:

Crohn's Disease: Infuse Stelara intravenously, diluted in Sodium Chloride 0.9% to final volume of 250 ml, over 60 minutes. Peripheral IV site with saline lock; may use existing PICC line or port-a-cath if available. Use infusion set with in-line, sterile, non-pyrogenic, low protein binding filter.

260 mg (wt ≤ 55 kg) once 390 mg (wt > 55 to 85 kg) once 520 mg (wt > 85 kg) once

Followed by Stelara 90 mg SQ every 8 weeks at the **infusion center**

OR

Followed by Stelara 90 mg SQ every 8 weeks, **patient to self-administer**

Teaching to occur by infusion RN (provider's office to arrange patient receiving medication)

Psoriasis:

Adult patient weighs 100 kg or less: Stelara 45 mg SQ at Weeks 0 and 4, then every 12 weeks thereafter

Adult patient weighs more than 100 kg: Stelara 90 mg SQ at Weeks 0 and 4, then every 12 weeks thereafter

Adolescent: Stelara _____ mg SQ at Weeks 0 and 4, then every 12 weeks thereafter

Psoriatic Arthritis:

Adult patient: Stelara 45 mg SQ at Weeks 0 and 4, then every 12 weeks thereafter

Adult patient with co-existent moderate-to-severe plaque psoriasis weighing more than 100 kg: Stelara 90 mg SQ at Weeks 0 and 4, then every 12 weeks thereafter

3. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)

___ Slow or stop infusion.

___ Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-medications.

___ If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.

Anaphylaxis (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling)

___ Give Epinephrine 0.3 mg IM. Notify MD. May repeat in 5 – 10 mins if no response

Provider signature: _____ Date: _____

Provider printed name: _____