



Outpatient (non-chemo) Treatment Orders

Patient Name: _____ Date of Birth: ____/____/____

General

ALLERGY: _____

DIAGNOSIS: _____

Metric Measurements: Weight _____ Kilograms

Ok to start on date (s): _____ based on labs dated _____

Consider verifying results of PPD test or other test to exclude latent tuberculosis prior to initiating treatment and annually during therapy

Laboratory

CBC with differential STAT (if current result unavailable)

Proceed with therapy before labs result

Wait for lab results before proceeding with therapy

Other _____

Nursing Orders

Hypersensitivity/Anaphylaxis Management for Infusions/Desensitization – Adult Order Set

Medication Orders

Ustekinumab (Stelara) for Crohn’s

Initial Dosing (to be given in 250 mL NS over 1 hour) – **J3358**

(< 55 kg) 260 mg IV as single dose

(>55 to 85 kg) 390 mg IV as single dose

(> 85 kg) 520 mg IV as single dose

Maintenance Dosing: 90 mg subcutaneously every 8 weeks for 6 months – **J3357**

MD PRINT NAME _____

MD Signature _____

Date ____/____/____ Time _____

