



Clearwater: Phone: 727.977.9717 | Fax: 727.977.9717  
Tampa: Phone: 813.775.9997 | Fax: 813.775.9997  
Email: intake@sageinfusion.com | Online: www.sageinfusion.com

(ustekinumab)

# STELARA IV infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ M  F

### DIAGNOSIS Please provide ICD-10 code

\_\_\_\_\_ Crohn's Disease  \_\_\_\_\_  
(other)

### PRE-MEDICATION

Tylenol 1000mg PO  Solu-Medrol 125mg IVP  
 Diphenhydramine 25mg PO  Solu-Cortef 100mg IVP  
 Cetirizine 10mg PO  Diphenhydramine 25mg IVP  
 \_\_\_\_\_  \_\_\_\_\_

### STELARA INTRAVENOUS ORDERS

<b>DOSAGE</b>		<b>PATIENT WEIGHT</b>
<input type="radio"/> up to 55kg -	<b>260mg</b> (2 vials)	_____ lbs.
<input type="radio"/> greater than 55kg to 85kg -	<b>390mg</b> (3 vials)	_____ kg
<input type="radio"/> greater than 85kg -	<b>520mg</b> (4 vials)	
<b>FREQUENCY</b>		
<input type="radio"/> initial infusion followed by SQ injections		

### NOTES

\_\_\_\_\_

### ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_