DURANGO INFUSION

INFUSION SUITE		STELARA INFUSION/INJECTION ORDERS	
Durango Infusion Center		**Phone: 970-828-3500**	**Fax: 970-828-3501**
270 E 8th Ave Ste N101 Durango, CO 81301			
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		**DOB:**	
MEDICAL INFORMATION			
ICD10:		**Patient Height:**	
Patient Weight (kg):		**Allergies:**	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
☐ **TB: ___________ *Prior to initiation**			
Additional labs:			
☐ **Insert IV**	☐ **Access Port/PICC**		

PREMEDICATIONS 30 minutes prior to starting				
☐ **Acetaminophen:**	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1	☐ 1000mg PO X1
☐ **Diphenhydramine:**	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV X1	☐ 50mg PO X1
☐ **Solumedrol:**	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1	
☐ **Antihistamine:**	☐ Cetirizine 10mg PO X1	☐ Loratadine 10mg PO X1		
☐ **Additional PRN:**				

STELARA ORDERS		*IV for UC or Crohn's only*
☐ Initial:	☐ 260mg (less than 55kg) IV in 250mL NS over 60 minutes X 1	
	☐ 390mg (55kg-85kg) IV in 250mL NS over 60 minutes X 1	
	☐ 520mg IV (over 85kg) in 250mL NS over 60 minutes X 1	
☐ Subsequent:	90mg subcutaneous every 8 weeks X ___________	
☐ Psoriasis: Over 100kg:	90 mg subcutaneous week 0, Week 4, then every 12 weeks X_________	
☐ Psoriasis: Under 100kg:	45mg subcutaneous week 0, Week 4, then every 12 weeks X_________	
☐ PsA	45mg subcutaneous week 0, Week 4, then every 12 weeks X_________	

POST INFUSION

☐ Flush IV line with 25mL NS at the same rate of infusion. D/C IV.
☐ Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess
☐ Discharge home

Referring Provider Printed:			
Referring Provider Signature:		**Date:**	
Referring Provider Phone:		**Referring Provider Fax:**	
DNG Provider Printed:			
DNG Provider Signature:		**Date:**	

Credentials must be included

Table 3: Initial Intravenous Dosage of STELARA®

Body Weight of Patient at the time of dosing	Dose	Number of 130 mg/26 mL (5 mg/mL) STELARA® vials
55 kg or less	260 mg	2
more than 55 kg to 85 kg	390 mg	3
more than 85 kg	520 mg	4

Infusion Directions:

- Bring vials to room temperature (no longer than 4 hours)
- Use a 250mL NS bag; remove the volume of NS to equal the required dose of Stelara to be added
  - for 2 vials discard 52mL NS
  - for 3 vials discard 78mL NS
  - for 4 vials discard 104mL NS)
- Withdraw 26mL of Stelara from each vial needed and add it to the 250mL NS bag, gently invert to mix.
- Discard and document drug waste
- Infuse over 60 minutes using an infusion set with a 0.2 or 0.22 micron in-line filter