406 ARTHRITIS CLINIC
Get back to your 406 life!

INFUSION SUITE		STELARA INFUSION/INJECTION ORDERS	
406 Arthritis Clinic LLC		Phone: 406-345-0211	Fax: 747-205-0742
2409 Arnold Ln Ste 9 Billings, MT 59102			
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		
☐ **Diphenhydramine:**	☐ 25mg IVP X1 ☐ 25mg PO X1 ☐ 50mg IVP 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 NS. D/C IV.			
☐ Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
☐ Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		**Date:**	
Referring Provider Phone:		**Referring Provider Fax:**	
406 Provider Printed:			
406 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