

# USTEKINUMAB (STELARA) SUBCUTANENOUS INJECTION FOR CROHN DISEASE (MAINTENANCE)

version 3/22/2019

## Provider Communication

	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> Provider communication For Crohn disease Maintenance: Begin maintenance dosing 8 weeks after the IV induction dose.	Once	S	1 treatment

## Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential Routine, Status: Future, Expires: S+366, Clinic Collect, Labs to be drawn at Physicians office unless otherwise noted: for first 3 visits on new starts then every 4 months.	Every visit	S	Until discont'd
<input type="checkbox"/> Comprehensive metabolic panel Routine, Status: Future, Expires: S+366, Clinic Collect, Labs to be drawn at Physicians office unless otherwise noted: for first 3 visits on new starts then every 4 months.	Every visit	S	Until discont'd
<input type="checkbox"/> Sedimentation rate Routine, Status: Future, Expires: S+366, Clinic Collect, Labs to be drawn at Physicians office unless otherwise noted: for first 3 visits on new starts then every 4 months.	Every visit	S	Until discont'd
<input type="checkbox"/> C-reactive protein Routine, Status: Future, Expires: S+366, Clinic Collect, Labs to be drawn at Physicians office unless otherwise noted: for first 3 visits on new starts then every 4 months.	Every visit	S	Until discont'd

## Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Obtain vitals prior to injection and then every 15 minutes for 30 minutes. Instruct patient to report symptoms of chills, fever, or pain.	Every visit	S	Until discont'd

## Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> ustekinumab (STELARA) injection 90 mg 90 mg, subcutaneous, once, Starting S, For 1 Doses Administer by subcutaneous injection into the top of the thigh, abdomen, upper arms, or buttocks. Rotate sites. Do not inject into tender, bruised, erythematous, or indurated skin. Avoid areas of skin where psoriasis is present. Discard any unused portion.	Every 8 weeks	S	Until discont'd

## Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Starting S	PRN	S	Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg, oral, every 6 hours PRN, itching, Starting S	PRN	S	Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, for minor infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 50 mg 50 mg, intravenous, once PRN, itching, for severe infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.5 mg 0.5 mL, subcutaneous, once PRN, anaphylaxis, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once PRN, for infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> promethazine (PHENERGAN) tablet 25 mg 25 mg, oral, every 6 hours PRN, nausea, vomiting, Starting S	PRN	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, once PRN, Hydration, Starting S, For 1 Doses	PRN	S	Until discont'd