

DEMOGRAPHICS

Patient Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 DOB: ____/____/____ Male Female
 Phone: _____
 SSN: _____ Ht: _____ Wt: _____

PRESCRIBING PHYSICIAN

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 License#: _____
 DEA#: _____ NPI: _____

ALLERGIES / REACTIONS

Signature: _____
 Date: _____

PHYSICIAN ORDERS

STELARA REFILLS: _____
 130 mg vial < 121 lbs – Infuse IV 260 mg (2 vials) over at least 1 hour
 > 121 lbs to 187 lbs – Infuse IV 390 mg (3 vials) over at least 1 hour
 90 mg vial/syringe > 188 lbs to – Infuse IV 520 mg (4 vials) over at least 1 hour
 Inject 90 mg SQ 8 weeks after initial IV infusion then every 8 weeks thereafter

IV ACCESS
 Peripheral IV - Flush with Normal Saline 5–10 ml with IV start and before & after medication
 Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication---LOCK with Heparin 500 units (100 units/ml)

PRE-MEDICATIONS / LABS REFILLS: _____
 Diphenhydramine ____ MG IV 30 minutes before infusion Solu-Medrol ____ MG IV 30 minutes before infusion
 OTHER: _____
 LABS: _____ FREQUENCY _____

Anaphylaxis Kit per Pharmacy protocol
 TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME
 Epinephrine Auto Injector 0.3mg/0.3ml IM – Repeat one time in 20 minutes if needed

ADVERSE REACTION ORDERS:
Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,
Severe Reactions - STOP infusion , KVO IV Normal Saline Diphenhydramine 25/50 mg IVP over 3-5 minutes
 Methylprednisolone 125 mg IVP over 5 minutes Call Ambulance and Physician .

DIAGNOSIS:

K50.90 Crohn's Disease NOS K51.90 Ulcerative Colitis Other: _____