

Ustekinumab IV Induction Order Set (Stelara/Wezlana/Yesintek)**Indications - Moderate to Severely active Crohn's Disease (CD) or Ulcerative Colitis (UC)**☐ = Optional Order ☒ = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)**ORDERS**

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

☒ Last TB Test: Date _____ TB Test Result _____ *Initial TB Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*Providers should routinely evaluate patients who are Hepatitis B carriers for evidence of HBV reactivation/infection. CBC and LFT monitoring every 3-6 months are generally recommended. Annual TB testing is recommended for high-risk patients.***PRE-MEDICATIONS****When ordering pretreatment medication(s), please select appropriate formulation.**

- ☐ Acetaminophen - 650 mg, Oral: Tab. Give prior to treatment.
- ☐ Cetirizine 10 mg PO. Give prior to treatment.
- ☐ Methylprednisolone 40 mg IV Push. Give prior to treatment.
- ☐ Other: _____

MEDICATIONS**Must choose one:**

- ☐ Stelara IV (ustekinumab,) once
- ☐ Wezlana IV (ustekinumab-auub), once
- ☐ Yesintek IV (ustekinumab-kfce), once

Dosing:

- ≤ 55 kg → 260 mg
- > 55-85 kg → 390 mg
- > 85 kg → 520 mg

Administration and Nursing Consideration

- Infuse over 1 hour
- Do not infuse with other medications
- Check for active infection. If there is an active infection, dose should be held. Contact provider for guidance whether to continue treatment.
- Use 0.22 inline filter tubing
- Monitor for infusion reactions during infusions, and for 30 minutes post infusion.

Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O₂ PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO₂ every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

