Houssam Al Kharrat
Gastroenterology
5115 80th Street
Lubbock, TX 79424
Phone: (806) 788-4368

STELARA IV (ustekinumab) Infusion orders

Name:________________________ DOB:____________ M ○ F ○

Phone #1 :______________(H/W/C) Phone #2:_______________(H/W/C)

Diagnosis: Please provide ICD-10 code

○ ____________________ Crohn's Disease ○ ____________________(other)

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ ____________________ *(other)*
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ ____________________ *(other)*

STELARA INTRAVENOUS ORDERS

DOSAGE

- ○ up to 55kg - **260mg** (2 vials)
- ○ greater than 55kg to 85kg - **390mg** (3 vials)
- ○ greater than 85kg - **520mg** (4 vials)

PATIENT WEIGHT

________ lbs.

________ kg

FREQUENCY

- ○ initial infusion followed by SQ injections self-administered
  (follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order)

NOTES

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ORDERING PROVIDER

Signature **X** ________________________________ Date ____________

Provider ____________________ Phone ____________ Fax ____________

Please FAX: ○Medication Order ○Demographics ○Clinicals ○Labs ○X-Rays
to 1-806-302-1241 (must dial "1")