ADVANCED
INFUSION CENTER

Stelara (Ustekinumab) Infusion Order

Patient Name: _____ DOB: _____

Allergies: _____ Weight: _____ lb/kg

Diagnosis and Treatment Regimen: check one

__ Crohn's Disease (K50) or Ulcerative Colitis (K51)

- Up to 55Kg = 260mg
- 56KG to 85KG = 390mg
- > 85Kg = 520mg
- Maintenance SubQ: 90mg every 8 weeks; begin maintenance dose 8 weeks after IV induction dose

Premedications: _____

Nursing Orders: Infuse Stelara over 1 hour; observe patient 30 minutes post infusion

Additional Orders: _____

For Infusion related reactions refer to AIC Reaction Protocol and notify physician

Physician Signature: _____ Date: _____

Physician Name printed: _____

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