

RITUXIMAB (TRUXIMA) INFUSION: NURSING ADMINISTRATION RECORD (Renal)

AFFIX PATIENT LABEL Name: Hospital No: DOB:
--

Date:

Location:

Nurse:

Induction Dose: (Circle One) 1 2
 Maintenance Dose (Circle one): 1 2 3 4

Pre Infusion preparation

	Tick once completed	Date/Time
Rituximab ordered from Pharmacy?		
Rituximab Rate Calculator supplied by Pharmacy?		
PCP prophylaxis ordered from PRIDE Pharmacy?		
Rituximab Information Leaflet provided?		
Baseline observations completed and documented on Patienttrack		
Treatment explained to patient?		
If not done within 1 week bloods taken for (UE,LFT,FBC,CRP and Immunoglobulins (results for Immunoglobulins must be available within the last 1 month)		
Dr completed their checklist (and signed off for treatment today)?		

If yes to all proceed to pre infusion checklist.

PRE-RITUXIMAB INFUSION CHECKLIST:

Allergies checked and documented/updated (See Vital Data and Lorenzo) Y N

 Has patient had any previous reactions to Truxima? If so, what were they? Y N

Check appropriate pre-medications are available and ready for use prior to infusion.
 Check Vital Data/medical notes to ensure treatment plans documented
 Ensure cannula has been inserted

PRE-RITUXIMAB MEDICATIONS:

125mg IV Methylprednisolone in 100ml NaCl 0.9% (infused over 30 minutes) (Give **1 hour** pre-Rituximab):
 Time administered:

10mg IV Chlorphenamine (Give **1 hour** pre-Rituximab):
 Time administered:

1g PO Paracetamol (Give **1 hour** pre-Rituximab):
 Time administered:

OBSERVATIONS: (Pre infusion)

BP: Heart Rate: Resp:
 Temp: SpO2: BM:
 Weight:

Signature: **Date & Time:**

Nursing Guidelines and Checklist for Rituximab Infusion:

	MUST check each point before start of Rituximab Infusion:	Tick once checked
1.	All previous sections of this form completed	
2.	Pre-medications given as per Rituximab infusion checklist	
3.	A Baxter-Evo IQ pump should be used to administer the infusion	
4.	500ml bag of Sodium Chloride 0.9% hanging on a drip stand by patient in case required	
5.	IV Rituximab given in accordance with the Rituximab Infusion Rate Calculator (Provided by pharmacy with the Rituximab)	
6.	During the infusion select patienttrack Rituximab profile and record observations accordingly	
	Signature: _____	Date: _____ Time: _____

POST-RITUXIMAB INFUSION CHECKLIST:

- | | | |
|---|----------|-------------------|
| 1. Giving set line flushed with 0.9% Sodium chloride | Y | |
| 2. Documentation complete on Vital Data and Lorenzo TTO written | | Y |
| 3. Ensure patients' observations stable - monitor patient for 60 minutes | Y | |
| 4. Confirm next appointment booked in and patient aware of time and date | Y | |
| 5. Ensure PCP prophylaxis has been collected and given to patient | Y | |
| 6. Ensure Cannula removed at completion of observation period | Y | VIP: |
| 7. Ensure Patient has been provided with Truxima alert card | Y | |

Signature: _____	Date: _____ Time: _____
------------------	----------------------------