**Elective Admission for IV MabThera (rituximab)** DMOP **Rheumatology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | Date of birth | NHS number | Allergies | |
| First name | Address | |
| Hospital number | Date | Consultant |
| Completed by | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Baseline Blood Results – results within the last 90 days acceptable | | | | | | | |
| WCC | 10-9L( 3.7 - 11.0 ) | | CRP | mg/L(<10) | | ALT | U/L(F<31/M<41) |
| Neut | 10-9L( 1.7 - 7.5 ) | | Na | mmol/L(133 - 146 ) | | ALP | U/L(30 - 130 ) |
| Lymph | 10-9L( 1.0 - 4.5 ) | | K | mmol/L(3.5 - 5.3 ) | | GGT | U/L (F<50/M<60) |
| Hb | g/L( F115 -165/M130-180 ) | | Urea | mmol/L(2.5 - 7.8 ) | | Bili | µmol/L(1-21) |
| Plt | 10-9L (150 - 450 ) | | eGFR | mL/min(>60) | | Glucose  (if applicable) | mmol/L(3.3-6.1) |
| BP | mmHg | Pulse |  | Temp | ⁰ C |

|  |  |
| --- | --- |
| Diagnosis: | Infusion number: Last infusion date:  (circle appropriate infusion rate overleaf) (if applicable) |
| Current Medication –  ENSURE NOT TAKEN ANTIHISTAMINE TODAY OR PARACETAMOL WITHIN LAST 4 HOURS | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre-infusion checklist** (**🗸 / 🗴) THIS SECTION MUST BE COMPLETED BEFORE PRESCRIBING RITUXIMAB** | | | |
| No recent contact with/signs/symptoms of infection on day of infusion & TB excluded (no recent contact) |  | Baseline haemodynamics in normal range |  |
| Platelets > 75 x 10 -9 L |  | Neutrophils > 1.5 x 10 -9L |  |
| Patient not diabetic (if type one diabetic refer to rituximab intranet protocol for advice) |  | No recent(12 months) changes in medical condition |  |
| Correct time of administration (is drug due?) |  | Not pregnant/breastfeeding |  |
| Appropriate infusion regimen highlighted (1 or 2) |  | Issued with an alert card |  |
| **Read WHOLE of last clinic letter & subsequent relevant letters** |  | Confirm that rituximab has not been stopped since last infusion |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Prescriber’s signature** | **Drug administration** | | **Time** |
| **signed** | **signed** |
| **Chlorphenamine 4mg PO STAT**  (to be given 60 minutes before rituximab) |  |  |  |  |
| **Paracetamol 1g PO STAT**  (to be given 60 minutes before rituximab) |  |  |  |  |
| **Methylprednisolone 100mg IV in 100mL NaCl 0.9% over 30minutes**  (to be given 60 minutes before rituximab |  |  |  |  |
| Batch number | | |
| **Sodium Chloride 0.9% IV flush**  PRN up to 100ml as line flush |  |  |  |  |
| **MatbThera 1g IV Infusion**  **in sodium chloride 0.9%, 500ml**  to be infused as per information booklet | Bleep |  |  |  |
| Batch number | | Pharm |

**FAX THIS SIDE OF THE PROFORMA TO ASEPTICS 5816 & CALL 5488 TO CONFIRM RECEIPT** (comments overleaf)

Additional Comments

Completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Patient’s name** | **Unit no.** |
| **D.o.B.** | **NHS no.** |

**Infusion Protocol**

Infusion tables are also available in the rituximab administration booklet

**Clerking clinician – please circle appropriate infusion protocol and/or cross through incorrect protocol**

**DAY ONE FIRST INFUSION OF MabThera (1000mg in 500mL / 2mg in 1mL)**

1000mg to be administered in four and a quarter hours (225 mins). Initiate @ 50mg/hr, if tolerated escalate rate in 50mg/hr increments every 30 minutes to a maximum of 400mg/hr VTBI = Volume To Be Infused

1. 50mg/hr for first half hour = 50 ÷ 2 = 25 therefore 25 mL to be infused over first half hour. Set pump rate to 25mls/hr &VTBI at 12.5 mls

2. 100mg/hr for second half hour = 100÷ 2 = 50mL. Set pump rate to 50mls/hr & VTBI at 25mls

3. 150mg/hr for third half hour = 150÷ 2 = 75mL. Set pump rate to 75mls/hr &VTBI at 37.5 mls

4. 200mg/hr for fourth half hour = 200÷2 =100mL. Set pump rate to 100mls/hr &VTBI at 50mls

5. 250mg/hr for fifth half hour = 250÷2 = 125mL. Set pump rate to 125mls/hr& VTBI at 62.5mls

6. 300mg/hr for sixth half hour = 300÷2 = 150mL. Set pump rate to 150mls/hr & VTBI at 75mls

7. 350mg/hr for seventh half hour = 350 ÷ 2 = 175mL. Set pump rate to 175mls/hr & VTBI at 87.5mls

8. 400mg/hr for last three quarters of an hour = 200mls/hr. Set pump rate to 200mls/hr & VTBI at 150 mls. Will take three quarters of an hour to infuse 150mls medication

INFUSION COMPLETE

**DAY FIFTEEN SECOND INFUSION OF MabThera (1000mg in 500mL / 2mg in 1mL)**

**This schedule must only be used if no reactions occurred and a rate of 400mg/hr (100mL/hr) was reached during the 1st infusion.**

1000mgs to be administered in three and a quarter hours. Initiate @ 100mg/hr, if tolerated escalate rate in 100mg/hr increments every 30 minutes to a maximum of 400mg/hr VTBI = Volume To Be Infused

1. 100mg/hr for first half hour = 100 ÷ 2 = 50 therefore 50 mL to be infused over first half hour. Set pump rate to 50mls/hr &VTBI at 25mls

2. 200mg/hr for second half hour = 200÷ 2 =100mL. Set pump rate to 100mls/hr & VTBI at 50mls

3. 300mg/hr for third half hour = 300÷ 2 = 150mL. Set pump rate to 150mls/hr &VTBI at 75mls

4. 400mg/hr for one and three quarter hours = 400÷2 =200mL. Set pump rate to 200mls/hr &VTBI at 350mls

INFUSION COMPLETE

**Observation chart**

|  |  |
| --- | --- |
| **Patient’s name** | **Unit no.** |
| **D.o.B.** | **NHS no.** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sig.** |  |  |  |  |  |  |  |  |  |  |
| **Any adverse reactions** |  |  |  |  |  |  |  |  |  |  |
| **Respiration (rate and quality)** |  |  |  |  |  |  |  |  |  |  |
| **Temp °C** |  |  |  |  |  |  |  |  |  |  |
| **Pulse** |  |  |  |  |  |  |  |  |  |  |
| **BP** |  |  |  |  |  |  |  |  |  |  |
| **Rate of infusion (mL/hr)** |  |  |  |  |  |  |  |  |  |  |
| **Time** |  |  |  |  |  |  |  |  |  |  |

**Post infusion review**

Max rate of infusion reached: \_\_\_\_\_\_\_\_\_\_\_\_(mg/hour)

Adverse effects experienced: N / Y (please provide details)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_