

Rituximab**Pre-infusion Checklist****Date:****Known or Suspected Drug Allergies/Allergies:****Weight:****Height:****BMI:**

Carry out a set of baseline observations (temperature, pulse, respiratory rate, oxygen saturation, blood pressure) and check patient is well-refer to Consultant Nephrologist if any issues

If the answer to any of the following questions is YES refer to Consultant Nephrologist for further advice:

	Yes	No
Is the patient showing signs of infection, being treated for infection or do they have a history of recurring infections?		
Does the patient have herpes zoster (shingles) or any other skin infection with open sores?		
Could the patient be pregnant/breast feeding?		
Has the patient been in contact with others who may have had an infectious disease? (e.g. chicken pox/TB)		
Has the patient recently received a vaccination or scheduled to receive any vaccination other than influenza or pneumococcal?		
Has the patient had any surgical procedures recently or are they planned to have a surgical procedure (excluding minor dental surgery)?		
Has the patient developed any new or worsening neurological or psychiatric symptoms that may indicate PML?		

Initial as done

Check renal team have reviewed blood results and confirmed administration of rituximab can go ahead provided patient is well on the day

Position/Colour:	Hand hygiene/gloves <input type="checkbox"/>	Signs/Symptoms (extravasations/swelling/inflammation)	
	70% Isopropyl alcohol 2% <input type="checkbox"/>		
	Chlorhexidine used (clean for 30 secs and allow to dry)		Cannula removed on discharge: <input type="checkbox"/>
	Aseptic insertion and dressing <input type="checkbox"/>		INITIAL:
	YES/NO		

Date and time of next appointment:**Infusion given – nursing staff signature**