

**Appendix 1: Renal Rituximab checklist
for use at clinic prior to first cycle**
(Attach patient label and include in notes)

Patient label

	Checked	Details
FBC/U&E/LFT/CRP/Urine ACR		
Hepatitis B antibody, Hepatitis B surface antigen, Hepatitis B core antigen, Hepatitis C antibody, HIV antigen/antibody <i>If positive, refer to Hepatologist or Highland Sexual Health</i>		
Serum Immunoglobulins		
Varicella Zoster Virus (VZV) IgG <i>If no evidence of immunity, advise patient to avoid contact with chicken pox</i>		
TB-if considered high risk do Quantiferon test (If positive refer to respiratory) Chest X-ray <i>Within 6 months</i> Recent travel abroad <i>(i.e. TB high risk countries)?</i> <i>Which Country/Dates</i> Previous TB/TB contact? <i>Give details.</i>		
History of recurrent infection <i>Give details</i>		
History of heart failure (NYHA class III or IV)/cardiac history		
Previous biologic therapy <i>Give details</i>		
Concomitant medication <i>In particular, any immunosuppressants</i>		
Allergy/ History of infusion reaction to any agent <i>Give details</i>		
Planned surgical intervention <i>Ideally avoid for one month post infusion, explain main risk is increased infection (risk/benefits to be discussed between patient, surgeon, nephrologist)</i>		
Pregnancy (contraception)/breastfeeding <i>Exclude pregnancy: male and female patients with childbearing potential must agree to use effective contraception while receiving and for 12 months after stopping rituximab therapy. Breastfeeding is contraindicated</i>		
Vaccinations <i>Recommend Pneumococcal and annual influenza vaccines Inactivated vaccinations should ideally be completed 1 month before or 7 months post rituximab to ensure effectiveness; live vaccines are contraindicated</i>		
Provide patient with a copy of NHS Highland renal rituximab patient information leaflet (available on PEEL Shared) <i>Advise to omit antihypertensives 12 hours prior to administration</i>		
Prescribe Rituximab on HERMES		
PJP prophylaxis if indicated-prescribe on HERMES Co-trimoxazole 480mg daily Alternatives: Dapsone 100mg daily or atovaquone 750mg twice daily		
Complete pre-populated prescription template and forward to Specialist Renal Nurse		

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