

Rituximab in neurological disease: first infusion checklist

Patient Name:	Indication: _____
DOB:	Usage (circle): emergency / elective
Hospital Number:	Duration (circle): single course / maintenance therapy
	Dose to be given: _____

Mandatory pre-admission checklist – emergency and elective use:	
No contra-indications (active infection, hypersensitivity to rituximab, severe immunocompromise, severe heart disease)	
Patient information sheet provided and contraception discussed (in men and women)	
Hepatitis B serology is negative. Or, if positive, gastroenterology opinion has been sought and anti-viral prophylaxis commenced.	
Baseline full blood count, liver function tests and immunoglobulin levels available.	

Desirable pre-admission checklist – elective use, not to delay treatment in emergency use:	
Review of immunisation history. All necessary vaccines given, including pneumococcal vaccine.	
Hepatitis C and HIV serology tested. Involvement of specialist if needed.	
In high risk groups only: TB screening and VZV serology negative.	
Patient advised to withhold antihypertensive medication if appropriate.	

Day of infusion checklist – all patients:	
Consent form signed.	
No evidence of active infection on history and examination (consider urine dipstick or additional investigations if needed).	
Pregnancy test negative (if appropriate).	
Rituximab and pre-medications prescribed (methylprednisolone 100mg IV, paracetamol and anti-histamine if needed).	

Completed by: _____ Date: _____