# Rituximab Infusion Checklist

**Department of Renal Medicine, Royal Infirmary of Edinburgh**

## BEFORE GIVING RITUXIMAB:

Rituximab is immunosuppressive so should not be given to patients with an active infection.

| **Ask all of the following questions:** | **Yes** | **No** |
|---|---|---|
| Do you feel unwell? | | |
| Do you have a temperature or feel feverish or shivery? | | |
| Do you have symptoms of a chest infection? (cough productive of green or dirty spit) | | |
| Do you have symptoms of a urine infection? (stinging or burning, pain, frequent urination) | | |
| Do you have diarrhoea or vomiting? | | |

**Please request a medical review if:**

- Symptoms of active infection (i.e. answer is "Yes" to any of the above)
- Feverish (temp >38 $^{o}$C)
- Tachycardic (pulse >100 bpm)
- Unwell or any other concerns

If the patient is well, a medical review is not necessarily required. If the patient is unwell, medical review should be sought from one of the middle-grade doctors (FY2 / CT1 / CT2) or ANPs on ward 206. If they wish to seek further advice then they should contact the on-call renal registrar.

Rituximab is a ▼drug; a YellowCard report should be sent to the MHRA for any adverse reactions.

## BEFORE GOING HOME:

- Does the patient have daily co-trimoxazole? (if not: please ask for a medical review)
- Is there a follow-up clinic appointment? (if not: please ask Stewart Elliot to make one)
- Ensure rituximab alert card is provided to the patient.



*Written by Eve Miller-Hodges & Sadaf Arshad Feb 2018*
*Updated by EM-H, RWH, ND & JH Nov 2019*

# Ward level preparation of Rituximab for Infusion for Renal Vasculitis

**PRESENTATION:** 50ml vial containing Rituximab 500mg, store in fridge at 2-8° C

**DOSE:** 500mg or 1g in Sodium Chloride 0.9%

**PROTECTIVE CLOTHING:** Nitrile gloves and apron.
N.B not to be reconstituted by pregnant members of staff.

**SAFE HANDLING AND WASTE DISPOSAL:**
Follow local guidance on the safe handling of rituximab for administration and waste disposal. http://intranet.lothian.scot.nhs.uk/Directory/oogs-theoncologyonlinequalitysystem/Chemotherapy/Documents/Guidelines%20for%20the%20safe%20use%20of%20SACT.pdf

**PREPARATION:**
Rituximab should only be administered by appropriately trained members of staff. The second checking nurse should be an intravenous competent registered nurse as per local policy**.**

1. Confirm the brand of rituximab to be used.
2. Remove flip top from vials and wipe the top with a 70% alcohol swab. Using aseptic technique withdraw 50ml (500mg dose) or 100ml (1g dose) of rituximab from one or two vials.
3. Add 500mg (50ml) to 250ml Sodium Chloride 0.9% infusion bag or 1g (100ml) to 500ml infusion bag of Sodium Chloride 0.9%.
3. Gently mix the bag by inverting the bag, DO NOT SHAKE.
4. Label the infusion bag as per ward procedure.
5. Visually inspect the bag for particulate matter or discolouration prior to administration. Do not use if opaque particles, discolouration or any other foreign particles are present.



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**ADMINISTRATION:**
Pre-medication should be given as prescribed prior to each infusion.

**First infusion (and maintenance infusions*)**: Start at 50mg/hr and increase by 50mg/hr every 30mins if tolerated to max 400mg/hr as per table below. If a reaction occurs and the infusion is to be continued, restart the infusion at not more than 50% of the previous rate.

| **Dosage rate mg per hour** | | | | | |
|---|---|---|---|---|---|
| **Hour 1** | **Hour 2** | **Hour 3** | **Hour 4** | **Hour 5** | **Hour 6** |
| **50** | **100** | **150** | **200** | **250** | **300** |
| **Infusion rate ml per hour** | | | | | |
| **30** | **60** | **90** | **120** | **150** | **180** |

Patients who develop severe reactions, especially breathlessness, wheeze or hypoxia should have the infusion stopped and urgent medical review.

**Second infusion (at 14 days *):** If first dose was tolerated, administer the full second dose over 60 minutes.

** The rapid infusion protocol should only be used if the previous dose was received within 1 month.*



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