St. Vincent's Hospital – IPU Declaration for Rituximab in Lung Transplant patients

Patient Details (Place patient label)	MRN: Family name: Given names Address:

Indication for use (please tick)

❒ Antibody mediated rejection (positive luminex) ☐ Antibody mediated rejection (negative luminex)

❒ Positive B-cell crossmatch in new transplant ☐ Other (please detail below):

_____

_____

_____

Has this patient been treated with rituximab before?

❒ No ☐Yes. What was the indication: _____

Approximate date of administration_____

Patient height (cm): _____ Patient weight (kg): _____

Use the following equation to calculate the patient's body surface area (BSA):

$$BSA\ (m^2) = \sqrt{\frac{Ht\ (Cm) \times Wt\ (kg)}{3600}}$$

BSA (m^2):_____ Dose: 375mg/m^2 ie _____mg

Planned date of administration:_____

Additional treatment (please tick)

❒ Plasmapheresis

Frequency:_____

Date(s) of administration_____

❒ Immunoglobulin (IVIG)

Dose:_____

Date(s) of administration_____

❒ Other (please detail below):

_____

_____

_____

Any additional information

_____

_____

Requested by

Name of Applicant			
Position / Appointment			
Signature		Date	

Endorsed by

Name of Unit Head			
Position / Appointment			
Signature		Date	

Please give the completed, signed form to your ward Pharmacist.