

**WAHT-KD-019
Treatment of Inflammatory Bowel Disease with Biologics (in patients
over 15 years of age)**

**Form A - Outpatient Vedolizumab/Infliximab/Ustekinumab Infusion to be signed off
before each infusion is given**

Date of infusion:

BLOOD RESULTS

Blood tests must be within one week of the infusion date (or within 4 days for the first 3 doses), results must be reviewed for U&Es, LFTs, CRP and FBC before the infusion can proceed.

Are the results normal YES / NO (please circle) - if yes the nurse can proceed

If NO, results must be reviewed by IBD CNS or a Team D doctor who must sign below to indicate it is ok to proceed with infusion;

Name:.....Signature:.....

Designation:..... Bleep:.....

Nursing staff to check the patient has no signs of current infection;

Does the patient complain of any of the following? YES / NO (please circle)

- Sore throat (mild sore throat/cold is ok, if no temperature)
- Chesty productive cough
- Painful or frequent micturition
- Fever
- Sweats
- Swollen glands
- Skin ulcers
- Vomiting
- Any known contact with a person who has T.B (Tuberculosis)

If yes to any of the above please contact the IBD CNS or have the patient reviewed by a Team D doctor prior to infusion, otherwise;

- Check observations (Temperature, Pulse, Sats. B.P)
- IF FEMALE and has not gone through menopause, please perform a ward based pregnancy test, (result to be filed in notes). If patient is pregnant please discuss with IBD CNS or medical team before giving the infusion.

Completed by:..... (signature) Print name.....

Designation:..... Date:..... Time:.....

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page