

RECOVERY TRIAL	PI:	EudraCT: 2020-001113-21
Tocilizumab in sodium chloride 0.9% Intravenous Infusion (short infusion)		Monoclonal Antibody

PATIENT INFORMATION

Subject/Patient Initials:	Subject /Patient Trial ID Number:	NHS Number:

Calculation of volume of Tocilizumab for dosing

Dose of tocilizumab prescribed = _____mg

Volume of tocilizumab 20mg/mL concentrate required = Dose of tocilizumab (mg) ÷ 20 (mg/mL)

= _____mg ÷ 20 (mg/mL)

= _____mL

Number of vials required = _____ x 10mL vial(s) and/or _____ x 20mL vial(s)

Calculation completed by and date	Calculation checked by and date

Materials Required

Medicine	Storage	Batch number	Expiry	Quantity
Tocilizumab 200mg in 10mL vial (RoActemra)	Fridge (labelled Recovery)			
Tocilizumab 400mg in 20mL vial (RoActemra)	Fridge (labelled Recovery)			
Sodium Chloride 0.9% 100mL Infusion Bag	Fluid			1

Information completed by and date	Information checked by and date

Preparation of Intravenous Tocilizumab Infusion Bag

In addition to the below follow general principles of local policy for preparing injectable medicines in clinical areas

Action to be completed:	Performed by: initials	Checked by: initials
1. Ensure area is clean and clear of all materials		
2. Check all details listed above are complete and correct		
3. Ensure appropriate personal protective equipment (PPE) is worn as per local SOPs, must include gloves, apron and surgical face mask		
4. Using an appropriate sized syringe withdraw _____mL of sodium chloride 0.9% from the 100mL sodium chloride 0.9% infusion bag. (This is the same volume as the volume of tocilizumab concentrate required for the patient's dose as calculated above)		
5. Discard the syringe containing sodium chloride 0.9% into the appropriate waste container		
6. Using an appropriate sized syringe draw up _____mL of tocilizumab concentrate 20mg/mL solution for infusion from the tocilizumab vial(s), as calculated above		
7. Complete the time and date the tocilizumab vial was pierced Time: _____ Date: _____		
8. SLOWLY add the tocilizumab from the syringe into the sodium chloride 0.9% infusion bag		
9. Mix the solution inside the bag by gently inverting to avoid foaming. DO NOT SHAKE BAG		
10. Inspect the infusion bag. The solution should be clear to opalescent, colourless to pale yellow and free of visible particles		
11. Calculate the time and date of expiry from the time the vial is pierced Final infusion bag can be kept at room temperature for up to 4 hours or for maximum of 24hours if initial storage is in the fridge (2-8°C) Expiry time: _____ Expiry Date: _____		
12. Complete and apply an infusion label to the bag as per local SOPs		
13. Scan/file the completed worksheet in the patient's electronic or paper healthcare record		

Comments: