INTRAVENOUS

Belimumab Infusion Chart

PATIENT & TREATMENT DETAILS

DATE		NAME	
MRN		WEIGHT	
DOSE		NOTE	

INFUSION MONITORING

DURATION		VITALS MONITORING			INFUSION REACTION					
Clock time	Mins	B/P	PR	Temp	Angio-oedema	Urticaria / Rash	Pruritus	Dyspnea	Headache / Dizziness	Nausea / Vomiting
	0									
	15									
	30									
	45									
	60									

CLINICAL NOTES / ACTION TAKEN

NURSE / CLINICIAN		INITIALS		COMPLETED	