119. NURSE-LED BIOLOGIC INFUSIONS ARE SAFE AND EFFECTIVE

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Background: Rheumatology Nurse Specialists play a vital role in management of patients with inflammatory arthritis and CTD. Their role includes DMARDs counseling and monitoring, administration of biologics and assessment of patients prior to the infusions.
The Rheumatology Nurse Specialists in Plymouth recently started carrying outpatient assessment prior to biologic infusions. This was initiated to overcome problems with infusion bookings experienced in the infusion ward (Planned Investigation Unit (PIU)). The department found that because of demands from the acute medical take patients’ infusions were postponed or cancelled with increasing frequency. This sometimes resulted in patients not getting the infusions within the required time duration.

**Methods:** We ran a pilot programme of nurse-led infusions in the planned investigation unit in Derriford Hospital from April to August 2014. Rheumatology nurse specialists (RNS) assessed the patients in the PIU on the same day of infusion before starting the infusion. This was done by filling out a checklist by the RNS with the information provided by the patient. This checklist was formulated in consensus with all rheumatologists in the department. The checklist covered all safety issues related to biologics. These included observation of vital signs recorded by the PIU nurses (temperature, heart rate, pulse rate, blood pressure and O₂ saturation), recent infections, new breathing problems, recent surgery, recent blood investigations and excluding pregnancy where applicable. First the lead RNS was trained by the rheumatology registrar, and then the other RNS were trained by the lead. After the initial assessment if a problem was encountered, then the RNS would contact a member of the medical team to clarify it.

**Results:** In total, 64 patients were seen by RNS in a 5-month period. RNS were able to identify the patients whom had safety issues and were not suitable for infusions. Three patients were identified as unsafe to proceed with the infusions as they had planned surgeries or had recent surgeries and unhealed wounds. None of the patients who had infusions had complications. Before nurse-led biologic infusions around 20 patients’ infusions were postponed in a month. All of these 64 patients were seen by the RNS at times when there was no junior medical cover for the PIU. And all these infusions would have been postponed at least by two weeks had there been no RNS cover.

**Conclusion:** Nurse-led biologic infusions are safe and effective way for biologic infusions. This minimizes patient cancellations and improves patient consistency with the infusions.

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