



BIR

Biologic Interventions Register

BADBIR ID:

Please complete or attach patient sticker:

Name: _____

Hosp. No.: _____

NHS/CHI: _____

DoB: _____

Gender: Male Female

Pre-Biologic Treatment Checklist

Today's Date: _____

Diagnosis: _____

Psoriatic Arthritis?

Consultant: _____

Name of Biologic: _____

Yes No

Disease Severity

No response or contraindication / toxicity to 3 systemic agents / PUVA

PASI ≥ 10

DLQI > 10

Yes No N/A

Additional Comments

Screen with history and examination for...

Infection Yes No N/A Additional Comments

Demyelination Yes No N/A Additional Comments

Cardiac Failure Yes No N/A Additional Comments

Malignancy Yes No N/A Additional Comments

Urine Analysis Yes No N/A Additional Comments

Pregnancy Test Yes No N/A Additional Comments

Pregnancy Advice (if appropriate) Yes No N/A Additional Comments

CXR Yes No N/A Additional Comments

Exclude TB Yes No N/A Additional Comments

U&E LFT Yes No N/A Additional Comments

FBC Yes No N/A Additional Comments

Hep B Yes No N/A Additional Comments

Hep C Yes No N/A Additional Comments

HIV Yes No N/A Additional Comments

ANA dsDNA Yes No N/A Additional Comments

Vaccine Advice

Enquire regarding VZV status Yes No N/A Additional Comments

If no or unsure - Check VZV Ig status Yes No N/A Additional Comments

Pneumococcal Vaccine Yes No N/A Additional Comments

Annual Influenza Vaccine Yes No N/A Additional Comments

Advise to avoid live or live attenuated vaccines for <2 weeks before, during and 6 months post biologic therapy

Malignancy

Confirm patient is up to date with local / national cancer screening programmes Yes No N/A Additional Comments