Clinical Chemotherapy Assessment and Review Checklist* (Oral, Parenteral, Intraperitoneal)

In addition to the procedures discussed in Module 2, supplemental error prevention tips are included in the checklist steps below.

1. **Verify Patient Identity (Two Identifiers)**
   (per III-30-05 [Safe Handling Manual – Module 2, Directives])
   - Consider looking up patients using a PHN or other unique identification number and then confirm that the name is correct.
   - Ensure identification on paper documents and computer screen match.

2. **Confirm Correct Protocol and that it Matches Clinical Indication and Eligibility for Treatment**
   - Watch for red text in on-line protocol names used to distinguish between look-alike protocol names.

3. **Review Medical History for Potential Interactions and Allergies**
   - Ensure patients are informed of potential drug or food interactions and required follow up (e.g., more frequent INR testing for warfarin interactions).
   - Consider if chemotherapy adverse effects might interfere with other medications (e.g., diarrhea-induced prolongation of INR and possible bleeding with warfarin).

4. **Check Timing of Treatment**
   - Check for potential chemotherapy scheduling errors by ensuring that the interval between treatments matches the protocol's interval requirements (unless otherwise specified by physician).
   - Ensure correct treatment day for multiday orders (i.e., is it day 1 or 8,?)

5. **Determine Patient's Body Surface Area**
   (if applicable)
   - Confirm weight is in correct units (kg or pounds) if unusually high or low.

6. **Check Appropriateness of Chemotherapy Dose(s)**
   - Check the original order for multiday orders to see if any changes were made (e.g., has the physician reduced or canceled the dose for day 8?)
   - Watch for additional notes in preprinted orders (PPOs) emphasizing important information like dose caps (e.g., vinCRISTine sometimes...
capped at 2 mg)
- If the dose is AUC based, refer to the protocol to see if an AUC is specified
- Compare the PPO to the protocol to ensure that all required drugs are ordered (e.g., riTUXimab on page 2 of PPO)
- Will the patient understand how to take the medication to get the correct dose? Are the instructions clear enough, or are additional tools required (e.g., blister packs or calendars)

7. Review Laboratory Values
- Are any labs cycle-specific (e.g., for the BRAJACT protocol, AST and bilirubin are measured before cycle 1 and 5)?
- Are labs required to ensure correct dose (e.g., kidney function tests for CARBOplatin dose)?
- Does nadir blood work need to be checked (e.g., Day 22 ANC for adjuvant CNAJTZRT given q 28 days)?
- Consult the protocol for additional lab requirements that may not be listed on the PPO such as:
  - repeat lab requirements after abnormal test results (e.g., repeat CBC on day 5 if ANC on day 1 less than 1 x 10^9)
  - tests required to monitor toxicity (e.g., audiogram or pulmonary function tests for bleomycin, cardiac function for trastuzumab)

8. Verify Appropriate Method of Drug Delivery
- Has the correct route been selected for protocols with more than one possible route of administration (e.g., bortezomib SC or IV or cyclophosphamide PO or IV)?

9. Monitor for Potential Chemotherapy Toxicity
- Ensure the patient knows to report adverse effects (AEs) that require immediate interventions (e.g., extravasation or fever). See the Symptom & Side Effect Management Resource Guide for links to information on managing AEs, including BCCA Symptom Management Guidelines and Policies.
- To reduce possible AEs from 5-FU Infusor® rate errors, ensure that patient knows how long the infusion should last and what to do if it seems to be running too fast or slow. See: Your Infusor®: A Guide for Patients.

10. Verify Protocol-Related Supportive Care Provided
- Check for medications that must be taken one or more days prior to chemotherapy (e.g., folic acid & Vit B12 pre pemetrexed or dexamethasone pre DOCEtaxel).

* Note: This Checklist is intended to be used in conjunction with the information provided in Module 2: Chemotherapy Order Assessment and Review.