



Clinical Cancer Drug Order Review Checklist: Parenteral drugs

- Verify patient identity (Two identifiers)
- Confirm correct protocol (matches clinical indication and eligibility for treatment)
- Review medical history
 - Allergies: Drugs: _____ Latex: _____
 - Drug-drug/herbal interactions checked, documented and managed (if applicable)
 - Pregnancy assessment status (if applicable) _____
- Check timing of treatment
 - Interval between treatments appropriate. Start date: _____
 - Correct treatment day for multiday orders, i.e., D1 or D8? (if applicable)
 - Interval not appropriate. Action taken: _____
- Determine patient's Body Surface Area (if applicable): Weight: ____ kg BSA: _____ m²
- Check appropriateness of cancer drug dose(s)
 - All required drugs ordered (if applicable)
 - Dose(s) appropriate as written
 - Dose modification required. Prescriber contacted: _____
 - Follow-up required: _____
- Review laboratory values as per protocol or as ordered by prescriber (if applicable)
 - Lab values appropriate
 - Missing lab values. Action taken: _____
 - Dose modification required. Prescriber contacted: _____
- Verify appropriate method of drug delivery (check all that apply)
 - Oral (capsules or tablets) Injectable (SC) Injectable (IT)
 - Intravenous Dose banded Infusor Intraperitoneal (IP)
- Monitor for potential cancer drug toxicity
 - Adverse effects from last cycle: _____
 - Dose modification required. Prescriber contacted: _____
 - Follow-up with Pharmacist required: _____
- Verify protocol-related supportive care
 - Pre/post medications appropriate as written (if applicable)
 - Prophylaxis ordered (if applicable)
 - Missing supportive care meds. Prescriber contacted: _____
- Counseling provided to patient: Phone In-person Virtual