



Clinical Cancer Drug Order Review Checklist: Take home drugs

- Verify patient identity (Two identifiers)
- Confirm correct protocol (matches clinical indication and eligibility for treatment)
- Review medical history
 - Drug allergies _____
 - 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: _____
 - Quantity appropriate
 - Interval or quantity 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: _____
- 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 and storage
 - Drug delivery: Oral (capsules or tablets) Injectable (SC or IM)
 - Storage: Fridge Room temperature Original container only
- 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
 - Patient education handouts given (if applicable)
 - Adherence and safe handling discussed
 - Pick-up date: _____ Mail date: _____ Courier date: _____