

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 treatment toxicity (i.e., drug, radiation)
 - ☐ 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: _____