



## 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: \_\_\_\_\_ m<sup>2</sup>
- 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 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