

Clinical Verification of Cancer Drug Prescriptions	
Patient	<ul style="list-style-type: none"> <input type="checkbox"/> Verify patient using two identifiers present on Rx <input type="checkbox"/> Confirm height and weight on Rx with patient <input type="checkbox"/> Check for allergies <input type="checkbox"/> Confirm diagnosis/indication with patient <input type="checkbox"/> Identify if new or continuing treatment <input type="checkbox"/> Check for toxicity or intolerance from previous cycle (if applicable) <input type="checkbox"/> Identify barriers to adherence
Regimen	<p>For the regimen, verify correct:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indication <input type="checkbox"/> Drugs & route <input type="checkbox"/> Scheduling & interval <input type="checkbox"/> Start date correct interval from previous treatment (if applicable)
Dose	<ul style="list-style-type: none"> <input type="checkbox"/> Verify correct dose for indication <input type="checkbox"/> Verify correct calculated dose for patient using BSA and/or weight (if applicable) <input type="checkbox"/> Check for modified dose (if applicable) <input type="checkbox"/> Check for drug interactions
Patient Care	<ul style="list-style-type: none"> <input type="checkbox"/> Verify supportive care provided <input type="checkbox"/> Identify what education has been provided and reinforce <ul style="list-style-type: none"> – how and when to administer – cycle schedule – importance of adherence – proper handling, storage and disposal – side effects and management strategies <input type="checkbox"/> Identify toxicities to monitor & plan follow-up
Clinical documentation & issues identified (point form):	

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