

CHEMOTHERAPY AND RELATED DRUGS CHECK-OFF SHEET (f27_1.frm)

PATIENT NAME: _____

MRN _____

ROOM NUMBER: _____

		DAY OF THERAPY (if a dose is NOT to be given on a day, make an "X" in that space.)					
DRUG (Generic name ONLY)	Days of therapy(#)	DAY 1*	DAY 2*	DAY 3*	DAY 4*	DAY 5*	DAY 6*
		date:	date:	date:	date:	date:	date:
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

** Initials only*

INSTRUCTIONS:

1. The purpose of this sheet is to ensure that a **24 hour supply** of required chemo and related medications are prepared and delivered daily **in one bag** to the patient care unit. If a dose of the medication is NOT to be given on a specific day, mark an "X" in that space.
NOTE: Each DOSE of a medication should be listed individually. For example, if ondansetron is to be given q12h, then ondansetron would be listed twice on the sheet.
2. Columns 1 and 2 should be completed at order entry and placed in the binder entitled "Pediatric Chemotherapy Check-offs."
3. The "DAY" columns should be completed on the appropriate day as each medication is checked. Checked items for a specific patient should be placed in ONE BAG for delivery to the patient care unit.

