



Antineoplastic drug time out checklist

HOSP ID _____ MRN _____
 SURNAME _____
 OTHER NAMES _____
 DOB _____ SEX _____ AMO _____

MRN BAR CODE

Time out is the final patient safety check undertaken **immediately before** commencing a procedure. Two health professionals are to complete **time out** immediately prior to drug administration (as approved by local policy). The medical order should be verified and any identified discrepancies should be discussed with the prescriber and pharmacist prior to administration. Please write or circle the appropriate answer as indicated.

Protocol: _____

Date: _____ Cycle: _____ Day: _____

Patient allergies/previous hypersensitivity drug reactions: _____

	Drug 1	Drug 2	Drug 3	Drug 4
Drug name				
Time of drug check				
Correct patient	Yes/No	Yes/No	Yes/No	Yes/No
Consent form signed	Yes/No	Yes/No	Yes/No	Yes/No
Correct drug, BSA dose and drug expiration *	Yes/No	Yes/No	Yes/No	Yes/No
Correct route (specify)	IV/PO/IM/SC	IV/PO/IM/SC	IV/PO/IM/SC	IV/PO/IM/SC
Correct rate and pump program checked	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA
1 st checker: signature & designation				
2 nd checker: signature & designation				

If any of the above is answered with 'No' **do not proceed** with drug administration. Seek further advice from a medical officer, pharmacist or senior nurse.

* Verify that all doses are correct according to protocol and patient parameters e.g., weight, body surface area (BSA), creatinine clearance, and that maximum and cumulative doses are not exceeded for the dose or the course according to the protocol. Check any dose reductions are correct according to the protocol, patient parameters and doctor's instructions.

NSW Health 2017. Clinical Procedure Safety. PD2017_032. NSW Dept of Health. 2017.

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