

Anti-cancer drug administration time out checklist

Two health professionals (as approved by local policy) are to complete **time out** immediately prior to drug administration. The medical order should be verified, and any identified discrepancies should be discussed with the prescriber and pharmacist prior to administration.

Hospital ID:	MRN:	
Surname:		
Given names:		
Date of birth:	Sex:	AMO:

Pronouns: _____

Preferred names: _____

Treatment protocol: _____ Date: _____ Cycle: _____ Day: _____

Patient allergies/previous hypersensitivity drug reactions: _____

Action taken (if required): _____

	Drug 1		Drug 2		Drug 3		Drug 4		Drug 5			
Drug name												
Time of drug check												
Correct patient	Y	N	Y	N	Y	N	Y	N	Y	N		
Relevant laboratory values checked	Y	N	Y	N	Y	N	Y	N	Y	N		
Medical authority for treatment to proceed	Y	N	Y	N	Y	N	Y	N	Y	N		
Patient consent	Y	N	Y	N	Y	N	Y	N	Y	N		
Correct drug, BSA dose & drug expiration*	Y	N	Y	N	Y	N	Y	N	Y	N		
Dose reduction **	Y	N	Y	N	Y	N	Y	N	Y	N		
Correct route (specify)	IV IM	PO subcut										
Correct infusion line and fluid (if applicable)	Y	N	Y	N	Y	N	Y	N	Y	N		
Venous access patent	Y	NA										
Correct rate and pump program checked	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
Signatures and designation												
Signatures and designation												

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

Comments: _____

Signature	Print name	Designation	Date
-----------	------------	-------------	------

*Verify that all doses are correct according to protocol and patient parameters, e.g. weight, body surface area (BSA), eGFR 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.

E: feedback@eviq.org.au
W: eviq.org.au