

**Penn Home IT Chemotherapy Administration Checklist**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**The following should be completed with each chemotherapy administration dose or "hook up" of chemotherapy continuous infusions. This checklist is in addition to standard nursing visit summary report per policy and procedure.**

- Review the Prescription File/Rx Form, the Physician Orders/Plan of Treatment Files' Free Form/Prescriber Order, and the prescription label.
- Check chemotherapy bag or cassette prescription label: verify patient name and DOB, medication, dose, route of administration, rate, expiration date and duration against the Prescription File/Rx Form.
- Verify pump settings with the Prescription File/Rx Form and the prescription label.
- Check for any prescribed prn and/or pre-medication (oral or IV) antiemetic and hydration; via the Prescription File/Rx Form, and the Physician Orders Files' Free Form/Prescriber Order.
- Labs will be monitored by the prescribing physician.
- Review medication purpose, side effects, and chemotherapy precautions with patient and /or caregiver.
- Assess the catheter and check for blood return. The physician must be contacted if there is no blood return.

**Document pump settings, type of IV site, blood return and patient/caregiver education below.**

<b><u>Chemotherapy Administration Verification Note:</u></b>  <b>IV Medication:</b> _____  <b><u>PUMP VERIFICATION</u></b> ( <i>Write settings from pump</i> ): <b>Reservoir Volume:</b> _____ <b>Rate:</b> _____  <b>Infusion time</b> (for each cassette or bag): _____  <b>Pump settings verified with the Rx Form and the prescription label</b> (initial) _____  <b>Dose Change/Pump taken out of LL2?</b> (circle) Yes No *If YES, who was the 2 <sup>nd</sup> person verification: _____   <b><u>SITE ASSESSMENT:</u></b> <b>IV site</b> (circle): Port/Hickman /PICC /other _____  <b>Blood return</b> (circle): Yes No Non-Applicable *If NO blood return contact physician  <b>Date and Time of hook up:</b> _____  <b>Signature of Chemo Certified Nurse:</b> _____	<b><u>Patient /Caregiver education:</u></b> (initial each line)  _____ Explained purpose, side effects, and chemotherapy precautions with patient and /or caregiver <b><u>Chemotherapy Precautions:</u></b> <ul style="list-style-type: none"><li>• Chemo Spill Kit</li><li>• Mouth care- oral rinses (no alcohol based mouth wash), preventing mouth sores</li><li>• Nausea-hydration and antiemetics</li><li>• Diet- No fresh, uncooked foods</li><li>• Temperature checks</li><li>• Sunscreen</li><li>• Neutropenic Precautions</li><li>• Infection Precautions</li><li>• Sexuality Precautions</li><li>• Other: _____</li></ul> <b><u>Infusion Pump and Further Education:</u></b> _____ Review of pump audible alarm system _____ Explained and demonstrated battery change (if applicable) and checking pump for battery life _____ Explained/reviewed checking chemotherapy tubing connections _____ Explained/reviewed what to do in case of chemotherapy emergency/disconnect and how to contact PHIT _____ Patient/caregiver acknowledged understanding of education and infusion pump.
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