

File within 3rd spine

NHS number: _____
 Name: _____
 Address: _____

 Date of birth: _____
 CR number: _____

Affix patient label

**Paediatric Oncology Chemotherapy
 Verification Procedure**

	Yes
Check Patient's identification. Confirm the patient's details (name, date of birth and hospital number) correspond with the prescription chart and all labelled chemotherapy. Patients who have been admitted must wear a name band with the correct identification.	
Check that the patient has been assessed as "fit for chemotherapy" by a competent doctor or senior nurse.	
Check that spillage kit and extravasation kit are available (if Peg Asparaginase is to be administered check that the Asparaginase Rescue kit is available)	
Check that patient and family have consented to chemotherapy protocol	
Check that the treatment protocol and cycle of treatment (treatment record at front of patient's notes) correspond with what is documented on the chemotherapy prescription (current and previous): <ul style="list-style-type: none"> • Cycle number/ Week • Administration as the schedule within the cycle 	
Check that the chemotherapy prescription and chemotherapy drugs have: <ul style="list-style-type: none"> • the correct patient name and hospital number • check administration date is correct (confirm with date of last cycle) • the correct drug (regimen and individual drug identification) and diluents with dilution volumes and any hydration and MESNA • the correct drug dose(check this with the most recent patient's weight and calculated surface area), route and rate • check expiry date has not expired 	
Check that critical tests have been carried out and that the results fall within the agreed protocol parameters eg FBC	
Check that supportive drugs have been prescribed and given (RCHT Clinical Guideline for antiemetic use in Paediatric Oncology)	
Check that the prescription has been signed and countersigned	
Sign _____ Date _____ Print _____ Time _____ Designation _____	