Ado-Trastuzumab

CHEMOTHERAPY CHECKLIST
Include all units (i.e. mg, gm, mls). If not applicable, fill in N/A

AFFIX COMPOUNDING WORKSHEET HERE

Drug	If reconstituting diluent & volume	If reconstituting final concentration	Drug volume added
☐ **Ado-Trastuzumab**	**100 mg=5 ml SW**	**20 mg/ml**	
_____	_____	_____	_____
☐ **Ado-Trastuzumab**	**160 mg=8 ml SW**	**20 mg/ml**	
_____	_____	_____	_____

Base solution & volume __**NS 250 ml**__ **Volume removed** _____ **Total volume**_____

Final product Expiration__ **24 hours** __ **PRE-CHECK CPhT/RPh**_____/_____

X Special disposal	☐ Do not refrigerate	X Refrigerate	☐ Remove air
X Chemo label (yellow)	☐ Protect from light	☐ Use cold bag	X NDC / Lot / Exp recorded on back of checklist
X Chemo line rec label	X Special tubing **TAXOL**	☐ BBraun / PVC / syringe / Empty bag	***Do NOT use D5W** ***Do NOT Shake**

Date_____ **Time**_____   **FINAL-CHECK CPhT/RPh**_____/_____

Delivered by: _____   Received by: _____
       Pharmacist or Technician Signature   Patient Care Unit Staff
Date and Time of Hand-off: ___/___/____ _____

Ado-Trastuzumab

Drug/Bag/Diluent	NDC	LOT	EXP