

# Carfilzomib

## 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
<input type="checkbox"/> <u>Carfilzomib</u>	<u>10 mg=5 ml SW</u>	<u>2 mg/ml</u>	_____
<input type="checkbox"/> <u>Carfilzomib</u>	<u>30 mg=15 ml SW</u>	<u>2 mg/ml</u>	_____
<input type="checkbox"/> <u>Carfilzomib</u>	<u>60 mg=29 ml SW</u>	<u>2 mg/ml</u>	_____

Base solution & volume D5W 100 ml Volume removed \_\_\_\_\_ Total volume \_\_\_\_\_

Final product Expiration 4 hours PRE-CHECK CPhT/RPh \_\_\_\_\_ / \_\_\_\_\_

<input checked="" type="checkbox"/> Special disposal	<input checked="" type="checkbox"/> Do not refrigerate	<input type="checkbox"/> Refrigerate	<input type="checkbox"/> Remove air
<input checked="" type="checkbox"/> Chemo label (yellow)	<input type="checkbox"/> Protect from light	<input type="checkbox"/> Use cold bag	<input checked="" type="checkbox"/> NDC / Lot / Exp recorded on back of checklist
<input checked="" type="checkbox"/> Chemo line rec label	<input type="checkbox"/> Special tubing	<input type="checkbox"/> BBraun / PVC / syringe / Empty bag	<b>*Do NOT Shake</b> <b>*21 Gauge Needle</b> <b>*No Pigtail/No OnGuard</b>

Date \_\_\_\_\_ Time \_\_\_\_\_

FINAL-CHECK CPhT/RPh \_\_\_\_\_ / \_\_\_\_\_

Delivered by: \_\_\_\_\_

Received by: \_\_\_\_\_

Pharmacist or Technician Signature

Patient Care Unit Staff

Date and Time of Hand-off: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

