

Fluorouracil IV Push

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
Fluorouracil	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Base solution & volume _____ Volume removed _____ Total volume _____

Final product Expiration **48 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 type="checkbox"/> Chemo line rec label	<input type="checkbox"/> Special tubing	<input checked="" type="checkbox"/> syringe	

Date _____ Time _____ FINAL-CHECK CPhT/RPh _____ / _____

Delivered by: _____

Received by: _____

Pharmacist or Technician Signature

Patient Care Unit Staff

Date and Time of Hand-off: ___/___/___ _____

