

# Fluorouracil CADD

## 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
<b>Fluorouracil</b>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Base solution & volume **NS 250 ml** Volume removed \_\_\_\_\_ Total volume **250 ml**

Final product Expiration **7 days** PRE-CHECK CPhT/RPh \_\_\_\_\_ / \_\_\_\_\_

<input checked="" type="checkbox"/> Special disposal	<input checked="" type="checkbox"/> Do not refrigerate	<input type="checkbox"/> Refrigerate	<input checked="" 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 checked="" type="checkbox"/> Special tubing <b>CADD</b>	<input type="checkbox"/> BBraun / PVC / syringe / Empty bag	<b>*No Pigtail</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: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

