

# OXALIplatin

## 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>OXALIplatin</b> _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Base solution & volume **D5W** \_\_\_\_\_ Volume removed \_\_\_\_\_ Total volume \_\_\_\_\_

Final product Expiration **6 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>Must dilute in D5W only</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: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

