

# PACLitaxel Protein-Bound (Abraxane)

## 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>Paclitaxel Protein-Bound</b>	<b>100 mg=20 ml NS</b>	<b>5 mg/ml</b>	_____
_____	_____	_____	_____
_____	_____	_____	_____

Base solution & volume \_\_\_\_\_ 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 checked="" type="checkbox"/> <b>Empty Bag</b>	<b>*Slowly inject diluent</b> <b>*Do NOT Shake</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: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

