Cancer Nurses - Ōtautahi
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Antineoplastic Drug Administration Clinical Log/ Timeout Checklist

'Time Out' is a dedicated patient safety process that is undertaken immediately prior to any antineoplastic drug administration. It is dedicated time to check and verify the prescription; any discrepancies that are identified should be discussed with the prescribing team before administration

The aim of this checklist is for you to log your administration history and reflect on the process by completing the questions on the back side of this form. It is expected that you will complete this form after every cytotoxic/biotherapy drug/regimen that you administer. Your administration history will be reviewed prior to being ADAC credentialed. However, you can review your log with the CNS or NE at any time.

Date	***Diagnosis***	***Protocol***	***Cycle Number***	***Allergies***
				Yes/No
Outline Any Previous Reactions/ Issues				

	Drug 1	***Drug 2***	***Drug 3***	***Drug 4***
Drug Name				
Consent sighted	Yes/No	Yes/No	Yes/No	Yes/No
Pre-treatment tests & investigations sighted	Yes/No	Yes/No	Yes/No	Yes/No
Correct BSA & drug Calculation	Yes/No	Yes/No	Yes/No	Yes/No
Correct drug checked including expiry dates/ times	Yes/No	Yes/No	Yes/No	Yes/No
Correct route identified (circle)	PO/SC/IM/IV	PO/SC/IM/IV	PO/SC/IM/IV	PO/SC/IM/IV
Correct patient identified	Yes/No	Yes/No	Yes/No	Yes/No
Access device used	PIV/CVAD	PIV/CVAD	PIV/CVAD	PIV/CVAD
Blood backflow confirmed	Yes/No	Yes/No	Yes/No	Yes/No
Rate checked and confirmed	Yes/No	Yes/No	Yes/No	Yes/No
Identify extravasation properties of each drug				
Emetogenic potential (Circle)	Low/Mod/High	Low/Mod/High	Low/Mod/High	Low/Mod/High

Cancer Nurses - Ōtautahi *Excellence. Integrity. People. Innovation*	**Antineoplastic Drug Administration Clinical Log/ Timeout Checklist Reflection**

Were any issues identified during the checking process? If so, how were they remedied?
What pre-treatment tests and investigations were reviewed and why?
Did any of the drugs that you administered have a high risk of hypersensitivity? If yes, what premeds were given?
What did you consider when reviewing IV access?
Having identified the extravasation properties of each drug being administered, what type of compress would be required if they extravasate?
Would you do anything differently next time? If Yes, please elaborate?