

Assessment Document



Please print this document to complete the assessment. You should also have a copy of the BOPA prescription verification standards to hand.

Summary of Verification Stages

1. Check the Prescription
 - Has the drug been prescribed properly?
2. Check the Protocol
 - What is the regimen and has it been approved?
3. Check Patient Details
 - Is the regimen appropriate and are the patient demographics correct?
4. Check Administration Details
 - Have drug interactions, supportive therapy, timing of administration and method of administration been considered?
5. Check Calculations
 - Are the dose banding and dose calculations correct?
6. Check Laboratory Results
 - Do these results impact on whether or not the patient should receive chemotherapy?
7. Sign and Date Prescription as a Record of Verification
 - Don't forget to sign and date the prescription as a record of verification

Assessment Question:

Identify the error in each of the following 8 prescriptions (there will only be one error per prescription).

Determine which of the 7 verification steps the error has been made in and record this in the table below.

Answer Table

Record your selected answer for each prescription in the table below, you will need these answers to complete the online assessment. Once complete, return to Lesson 5 to take the online assessment.

Verification Stage	Prescription Number							
	1	2	3	4	5	6	7	8
Check the Prescription								
Check the Protocol								
Check Patient Details								
Check Administration Details								
Check Calculations								
Check Laboratory Results								
Sign and Date Prescription								

Prescription 1

CHEMOTHERAPY PRESCRIPTION CHART

Check intranet for latest version of this document <http://intranet/chemotherapyPPF/index.htm> (signed master copy available in pharmacy)

PATIENT NAME*	G Jenkins	HOSPITAL	North	HEIGHT (m)	173
HOSPITAL NUMBER*	0000061	CONSULTANT	J Wilkinson	WEIGHT (Kg)	69
DATE OF BIRTH*	3/3/60	WARD	Oru	BSA (m ²)	1.82
ADDRESS*	1 Street Town City	DATE & TIME REQUIRED	Tue 25/10/11	ALLERGIES Penicillin	
*Attach Addressograph Label Above		COURSE NUMBER	①	Adjuvant Colorectal Cancer *	Advanced Colorectal Cancer*
		PRE-TREATMENT BLOOD RESULTS	Date: 20/10 Hb= 13 WBC= 7 Neut = 3 Plts= 250	Advanced Breast Cancer*	

* Alternative prescriptions exist for continuous capecitabine for upper GI and for Concurrent treatment with radiotherapy.

- Usually given for 14 days every 21 days. Blood counts need checking & recording before can be issued. Can proceed if neutrophils > 1.5, plts > 100.
- DISPENSING INSTRUCTIONS: Supplied as combination of 150mg and 500mg tablets validating pharmacist to specify quantity required. Photocopy prescription and attach copy to dispensed drugs to be used as record of administration/ supply.

CYTOTOXIC - HANDLE WITH CARE						FOR PHARMACY USE					NURSING/PHARMACY USE Check bloods and Record above		
DATE	DRUG	DOSE mg/m ²	CALCULATED DOSE (mg)	DIRECTIONS (see above)	DURATION	CLINICAL CHECK	AMOUNT TO SUPPLY	DISPENSED BY	AMOUNT SUPPLIED	CHECKED BY	TREATMENT CONFIRMED (Bloods OK)	CHECKED BY	GIVEN TO PATIENT
24/10/11	Capecitabine	1250 mg/m ²	2270	To be taken TWICE Daily	For 14 days Only		____x500 ____x150		____x500 ____x150				

COUNSELLING POINTS FOR ORAL CAPECITABINE

How to take:	Take tablets 12 hours apart, within 30 minutes after the end of meal (i.e. breakfast & evening meal.) Swallow whole with water
Side effects	Common side effects to discuss with patient include; diarrhoea, nausea & vomiting, stomatitis (mouth ulcers), Hand-foot syndrome (painful red swelling in hands and feet), fever or infection. If patients notice any of these advise them to stop taking treatment, contact doctor/chemotherapy day unit who will take steps to manage side effects and advise on continuing treatment.
Missed dose:	If remember 30 to 90 minutes after they should have taken their tablets, take the missed dose, otherwise only take the regular dose at next scheduled time. Do not double-up doses to make up for the missed doses or take extra doses at the end of the treatment cycle.
Post dose vomiting:	In the case of vomiting within a few hours after drug intake, never repeat the administration of the dose.
Storage/ Disposal	Tablets should be stored in cool dry place less than 30°C. Unused medicines must be returned to hospital pharmacy for disposal

PREScriBER'S SIGNATURE		PRINT NAME J Wilkinson	DATE 24/10/11
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Prescription 2

CHEMOTHERAPY PRESCRIPTION FORM

Erlotinib Page 1 of 1

Regional Services Directorate, Specialist Oncology Services

attach addressograph below

Surname McTest
 Forename John
 D.O.B. 1/1/1950
 Unit No. 12345678
 CHI No 87654321
 Ward/Clinic Lung Ward

Diagnosis: **NSCLC**
 Stage:
 Regimen: **Oral erlotinib (Tarceva)**
 Drug Erlotinib Dose 150mg/day Days (eg D 1- 4) Daily
 Max. cumulative dose: N/A
 Cycle no. 4
 Frequency: Daily
 Dose reduction — %
 Reason —
 Date required 11/11/11 Time 11am
 Dosing schedule
 150mg day. Reduce to 100mg/day if severe rash/diarrhoea.

Laboratory results
 Serum creatinine
 Bili AST/ ALT
 Toxicity assessment
 Diarrhoea Grade
 Rash Y/N
 Confirmed Yes No results pending (see below)

Clinical pharmacist check
 LFTs may be pending. Clinical pharmacist/nurse to confirm LFTs and contact patient.
 Pharmacist to confirm LFTs
 Nurse to confirm LFTs
 (delete and sign as appropriate)

****Supply loperamide & hydrocortisone at cycle 1 only****

For completion by Prescriber

Date	Drug	Dose	Prescribed dose	Route	Prescribed by	Dispensed by	Checked by	Manufacturer	Quantity
1/11/11	Erlotinib (Tarceva) oral tablet Label – swallow whole at least 1hr before food or 2hrs after food	150mg/day	150mg	PO				Roche	
1/11/11	Loperamide capsule	4mg initially then 2mg after each loose stool for up to 5 days; maximum 16mg/day		PO				Cycle 1 only	1 pack
1/11/11	Hydrocortisone 1% cream	Apply to sparingly to erlotinib rash		Topical				Cycle 1 only	1 tube

NB Confirm patient been consented for this regime prescriber's initial.....

Prescriber (Print name and Sign).....

AD

Date

1/11/11

Consultant Dr. McBoss Cancer Centre Lung Cancer Team

Prescription 3

HOSPITAL NHS TRUST ADULT HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION CHART

Condition: MM for patients not suitable for Melphalan or M&P due to low counts, Severe renal impairment

AFFIX ADDRESOGRAPH LABEL HERE OR FILL IN THE DETAILS:

NAME : A. SHERRIDAN

Date of birth: 20 / 3 / 1948

HOSPITAL No. 123

WARD Haem1 CONSULTANT Dr. D. Carter

CYCLOPHOSPHAMIDE WEEKLY (ORAL)

Day of cycle: 1

4

Cycle No.

Interval between cycles: 7 days

Treatment length: Until disease has reached plateau phase

Wt (Kg) 65 Ht (cm) 160 BSA (m²) 1.68 Neutrophils 4.2 Platelets 300

Dose reduction intended (Y/N) N Any Allergies? N/K Clinical Check by:

PLEASE COMPLETE ALL DETAILS & TICK BOX IF REQUIRED, OR CROSS OUT DRUG IF NOT REQUIRED

DRUG	DOSE	Tick if Required ✓	Disp by	Check by	Quantity Disp.
CYCLOPHOSPHAMIDE 50mg tablets at a dose of 300mg/m² on the same day each week . It should be given early in the day and the bladder voided frequently	Take <u>600</u> mg on the same day each week, for <u>8</u> weeks	✓			X 50mg
OR CYCLOPHOSPHAMIDE 500mg tablets- 500mg on the same day each week, (reduced to 200-300mg if creatinine > 300µmol/L)	OR Takemg on the same day each week, forweeks				

AND

PREDNISOLONE 40mg/m ² PO on alternate days for 6 weeks after the first dose of cyclophosphamide and then tailed off after 2 weeks- The prednisolone may be omitted	Takemg PO on alternate days				
Omeprazole 20mg PO daily - consider prescribing if on steroids	Take ONE capsule daily				
Allopurinol 300mg PO daily (or 100mg PO daily if CrCl < 20ml/min) for 1-2 cycles	Takemg PO daily				
Metoclopramide tablets 10mg	One to be taken up to three times daily if needed for nausea	✓			
Chlorhexidine 0.2% Mouthwash	Use 10ml four times daily	✓			
Aciclovir 400mg tablets	Take ONE tablet twice daily	✓			
Fluconazole 50mg capsules	Take ONE capsule daily	✓			
Cotrimoxazole 480mg tablets	Take ONE tablet TWICE daily on Mondays, Wednesdays & Fridays only	✓			
Consider the need for a bisphosphonate:					

SIGNED BY: D. Carter Date: 9/9/11

No OF DAY'S SUPPLY REQ (except Cyclophosphamide & Prednisolone if prescribed) 60

DOSE MODIFICATIONS: Renal impairment Cyclophosphamide should ideally be given to patients who can tolerate a good fluid intake and whose serum creatinine is <600µmol/L. If serum creatinine is >300µmol/L reduce dose of cyclophosphamide to 200mg/m². Cytopenias Try and maintain full dosage & give every 7 days. If necessary. Platelet support should be given. Cytopenias are likely to reflect active disease and no dose modification needed if cytopenia due to marrow filtration. If significant neutropenia or thrombocytopenia occurs (not due to disease), omission of the doses for 1-3 weeks or dose reduction of the weekly cyclophosphamide dose can be tried. GCSF can also be given to maintain dose schedule.

See latest SPC & MCCN Protocol for full prescribing information (the information below relates only to the Cyclophosphamide)

Contraindications: Hypersensitivity and haemorrhagic cystitis

Special Precautions: Should not be given to pregnant/breastfeeding women. Withhold in severe bone marrow suppression (see above also). Should not normally be given to patients with severe infections and should be withdrawn if such infections become life-threatening. Caution in renal and/or hepatic impairment (see above also) - not recommended if bilirubin >17 µmol/L (1mg/100ml) or serum transaminases or Alk Phos >2-3x ULN - Reduce dose. Encourage good fluid intake.

Interactions: Oral hypoglycaemic agents may be potentiated by cyclophosphamide.

Undesirable effects (include): Leucopenia, amenorrhoea & azoospermia, haematuria, bladder contractures & fibrosis (late sequelae), SIADH, myocardial toxicity, hair loss, mucosal ulceration, pigmentation, nausea & vomiting, interstitial pulmonary fibrosis.

Prescription 4

CHEMOTHERAPY AND SUPPORT MEDICATION PRESCRIPTION

THIS PRESCRIPTION CAN ONLY BE DISPENSED IF IT IS PRESENTED WITH THE PATIENT'S ONCOLOGY TREATMENT CHART AND PROTOCOL

Name: Test Patel
Hospital Number: 1234567
Date of Birth: 2/2/50
Consultant: Dr Bloggs

ALLERGY STATUS (If no known drug allergies please write NKDA): NKDA
Signature: J Bloggs Date: 30/10/11
(It is mandatory for a DOCTOR to complete this section)

COLORECTAL CANCER
OXALIPLATIN AND CAPECITABINE (OxaliCap)
3-WEEKLY REGIME

Prescription Chart No.

2

CLINICAL TRIAL DETAILS (IF RELEVANT)

CYCLE DATE	DRUG	DOSE	ROUTE/ VOLUME/ DILUENT	DURATION	Prescribed by: DOCTOR'S SIGNATURE	Authorised by: PHARMACIST'S SIGNATURE	Given by: NURSE'S SIGNATURE	Saline Flush by: NURSE'S SIGNATURE
CYCLE: 3 DATE: 1/11/11	Ondansetron	8mg	IV Bolus/ NaCl 0.9%	Before chemotherapy	J Bloggs			
	Dexamethasone	8mg	IV Bolus/ NaCl 0.9%	Before chemotherapy	J Bloggs			
	OXALIPLATIN	230	IV Infusion/ 250ml Dextrose 5%	2 hours	J Bloggs			
	CAPECITABINE	AM: 1800	ORAL	BD for 14 days	J Bloggs			
	CAPECITABINE	PM: 1800						
CYCLE: DATE:	Ondansetron	8mg	IV Bolus/ NaCl 0.9%	Before chemotherapy				
	Dexamethasone	8mg	IV Bolus/ NaCl 0.9%	Before chemotherapy				
	OXALIPLATIN		IV Infusion/ 250ml Dextrose 5%	2 hours				
	CAPECITABINE	AM:	ORAL	BD for 14 days				
	CAPECITABINE	PM:						
CYCLE: DATE:	Ondansetron	8mg	IV Bolus/ NaCl 0.9%	Before chemotherapy				
	Dexamethasone	8mg	IV Bolus/ NaCl 0.9%	Before chemotherapy				
	OXALIPLATIN		IV Infusion/ 250ml Dextrose 5%	2 hours				
	CAPECITABINE	AM:	ORAL	BD for 9 days				
	CAPECITABINE	PM:						

Notes: Capecitabine tablets available in 150mg and 500mg strength only.
SEE PROTOCOL FOR DOSAGE REDUCTIONS IF CREATININE CLEARANCE ≤ 50 ml/min

Prescription 5

HOSPITAL,

INTRAVENOUS CHEMOTHERAPY PRESCRIPTION CHART

Patient 24/10/11

Hospital no. 1234567
Surname SMITH
First name JULIE
Date of birth 20/3/70

Fill in or affix addressograph label

Regimen **Docetaxel**

Cycle no.
(up to 10 cycles)

Diagnosis Prostate Ca
(NICE)

Stage
Status

Consultant **Bloggs**

Ward **Onc**

Prescription checked by

pharmacist

Date 23/10

Hb 11

Wcc 5

Neuts 2

Plts 180

Date 23/10

Na 141

K 4.7

Ur 4.8

Cr 50

Bili 9

ALP 92

ALT 21

Alb 48

Cr. Cl

Height (cm) 160

Weight (kg) 75

SA (m²) 1.78

Comments e.g. dose reductions, drug idiosyncrasies, allergies or private patient

Date prescribed

23/10/11

Date to be given

24/10/11

PRESCRIPTION						ADMINISTRATION				
Drug	Dose	Diluent and volume	Route	Duration	Dr sig	Pharm sig	Date given	Admin time	Admin by	Check by
Ondansetron	8mg		oral	30 - 60 mins pre chemo	JB					
		100mls Sodium Chloride 0.9%	IVI	flush	JB					
Docetaxel (75mg/m ²)	135	In 250mls Sodium Chloride 0.9%	IVI	60mins	JB					
		100mls Sodium Chloride 0.9%	IVI	30mins	JB					

TTA medication to accompany Docetaxel chemotherapy

Drug	Dose	Time or frequency of admin	Route of admin	Other directions	Doctors sig	Dispensed by	Pharmacy notes
Ondansetron	8mg	11pm	Oral	On night of chemotherapy	JB		
Dexamethasone	8mg	BD	Oral	For two days starting day before chemo then start prednisolone	JB		
Metoclopramide	10mg	TDS	Oral	For two days starting day before chemo then as required (supply 14x10mg)	JB		
Omeprazole	20mg	OD	Oral	For two days starting day before chemo	JB		
Prednisolone	5mg	BD	Oral	Continuous starting day after chemo (supply 3/52)	JB		

*Controlled Drugs must be prescribed on standard outpatient prescription form.

Reference Number RUHCPP90

Prescription 6

REGIMEN: **BEVACIZUMAB 5-10mg/kg every 2 weeks until progression**
☐ Cancer Drug fund - Second Line metastatic carcinoma of the colon in combination with fluoropyrimidine based chemotherapy
 Apply via Cancer Network process for funding for this indication. (Ref Spc. & icdf appl. form)

Bevacizumab 5-10mg/kg IV infusion over 90 mins cycle 1, then over 60 mins cycle 2 and then over 30 mins cycle 3 if tolerated.
 Give Bevacizumab first, then rest of chemotherapy.

Notes:
 No dosage adjustments necessary in renal or hepatic impairment.

Patient label
 S. Shaw
 2 London Street
 London W1

Height (cm) 80 Weight (kg) 180 BSA(m²) N/A Total courses intended: 6-8

DOSE CHANGES (with reasons): None 10mg/kg

Allergies / sensitivities NKDA

DATE	<u>2/11/11</u>							
Cycle No.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Haemoglobin (g/dL)	<u>13</u>							
WBC (x10 ⁹ /L)	<u>4</u>							
Neutrophils (x10 ⁹ /L)	<u>2</u>							
Platelets (x10 ⁹ /L)	<u>200</u>							
Creatinine (μmol/L)	<u>73</u>							
Calc CrCl (ml/min)								
BSA (m ²)	<u>2.00</u>							
IV Chemotherapy	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose
Bevacizumab IV Infusion in 100 ml 0.9% Sodium Chloride	<u>800</u>							
Infusion period (mins)	<u>90</u>							
Time Started								
Batch No								
Flush 50ml 0.9% Sodium chloride								

Pre-medication	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose
Ordered by:	<u>J. Blogs</u>							
Prescribed by:	<u>J. Blogs</u>							
Pharmacist Check:								
Given by:								

Written By	Checked By	Approved by	Date written	Review date
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Prescription 7

IV AND PO CHEMOTHERAPY / FLUID PRESCRIPTION SHEET

SURNAME TINDELL		PROTOCOL: ECX	Course No: ①	DATE:	DATE:
FIRST NAME m	HT= 1.85	(oesophageal/gastric Ca)		HB 14.0	Na 145
Unit No. 00013		Allergies N/K		WBC 6.7	K 4.5
DOB 13.12.1950	WT= 78	Drug Idiosyncrasies:		NEUTS 2.4	Urea 5
CONSULTANT M JOHNSON				PLTS 290	Creat 80
WARD ONCOLOGY	SURFACE AREA = 2.0	N/K		CR/Cl —	Alb 38
					Bil 7

DATE /DAY	DRUG	DOSE M2	TOTAL DOSE	ROUTE	INFUSION FLUID	VOLUME	DURATION	DATE TO BE GIVEN	DR's SIG	DATE GIVEN	ADMIN TIME	ADMIN BY	CHECK BY	PHAR SIG
1/11/11	Ondansetron		8mg	iv			stat	1/11/11	<i>[Signature]</i>					
1/11/11	Dexamethasone		8 mg	iv			stat	"	<i>[Signature]</i>					
Establish fast running drip with 500mls 0.9% NaCl down line 1														
D1	Epirubicin (Line 1)	50mg/m ²	100	ivi			stat	"	<i>[Signature]</i>					
1/11/11				ivi	0.9%NaCl	1000mls	8 hours	"	<i>[Signature]</i>					
1/11/11				ivi	5% Glucose	1000mls	8 hours	"	<i>[Signature]</i>					
1/11/11	20mmols Potassium Chloride & 20mmols Magnesium Sulphate			ivi	0.9%NaCl	1000mls	8 hours		<i>[Signature]</i>					
1/11/11	Cisplatin (Line 1)	60mg/m ²	120	ivi	0.9%NaCl	1000mls	4 hours	"	<i>[Signature]</i>					
1/11/11				ivi	0.9%NaCl	1000mls	8 hours	"	<i>[Signature]</i>					
1/11/11				ivi	5% Glucose	1000mls	8 hours	"	<i>[Signature]</i>					
1/11/11	20mmols Potassium Chloride & 20mmols Magnesium Sulphate			ivi	0.9%NaCl	1000mls	8 hours	"	<i>[Signature]</i>					
D1-D21	Capecitabine (NB. Must also be Rx on inpatient drug chart)	625mg/m ² BD 2500	BD	po within 30 mins after a meal			21 days	1/11/11	<i>[Signature]</i>					

Comments:

