

ARIA CHECKLIST: CONSULTANT VALIDATION
SUPPORT REGIMENS

Regimen name		Regimen version		Regimen Date	Enter Date
Test Patient name		Cycles to be ordered			
References used					

LOG IN TO ARIA MANAGER AT EITHER THE "TEST LOCATION – OUTPATIENT" LOCATION FOR ADULT REGIMENS OR "TWH PAED – TEST LOCATION" FOR PAEDIATRIC REGIMENS AND OPEN THE RECORD OF THE TEST PATIENT STATED ABOVE THEN GO TO THE "RX" ICON
FOR SUPPORT REGIMENS THAT WILL BE PRESCRIBED WITH A CHEMO REGIMEN, SELECT THE ORDERS/RX TAB, HIGHLIGHT THE PENDING ORDER AND SELECT MODIFY
FOR SUPPORT REGIMENS THAT WILL BE PRESCRIBED ALONE SELECT THE ORDERS/RX TAB THEN 'NEW' BUTTON
FROM THE NEW PRESCRIPTION WINDOW COMPLETE THE "ORDERED BY" FIELD BY SELECTING DR. MD VARIAN

ACTION		✓ or ✗
SELECT THE FAVORITES BUTTON, SELECT "SUPPORT" THEN CLICK ONCE ON THE REQUIRED PLAN		
A.	Does the regimen appear in the correct folder(s)?	
B.	Next to the drop down menu bar check that the cycle length is correct?	
C.	Is the standard number of cycles correct?	
ORDER THE REGIMEN FOR THE TEST PATIENT, THEN CHECK THE FOLLOWING		
D.	For each drug, are the following details correct, where applicable? Form, Administration route, Frequency, Diluent type and volume, Infusion duration	
E.	Are all doses, flat and calculated, correct according to the protocol?	
F.	If there are any drug-specific administration instructions, check that they are correct by clicking on the Admin instructions	
COMPLETE THE 'ORDERED BY', 'START ON' (ENTER TODAY'S DATE), 'LINE OF TX', 'TX INTENT' AND 'TX USE' FIELDS, THEN CLICK 'APPROVE ALL' BUTTON TO APPROVE THE TREATMENT CYCLE.		
G.	In the 'Treatment' tab, does the approved cycle appear as ordered	
H.	If the cycle consists of multiple treatment days are these scheduled at the correct intervals?	
I.	Click on the green pen on the left of the screen next to the support regimen name and select 'Show Summary'. Check that all of the information is correct and matches the treatment protocol. This should include: Regimen name and indication, Treatment drugs, doses, routes and days, Treatment intent, Cycle length and course duration, References (including change control), Signpost to full protocol	
IF THE REGIMEN CONSISTS OF CYCLES SET UP DIFFERENTLY EACH DIFFERENT CYCLE MUST BE TESTED BY ORDERING EACH CYCLE AND REPEATING SECTIONS F-J FOR ALL CYCLES SPECIFIED ABOVE		
ERRORS/COMMENTS		

I confirm that the regimen has passed all required tests			
Validation Completed by		Signed	
Designation		Date	