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| **Regimen name** | Click or tap here to enter text. | **Regimen version** |  | **Regimen Date** | **Enter Date** |
| **Test Patient name** | Click or tap here to enter text. | **Cycles to be checked** |  | **Cycles to be administered** |  |
| **References used** | Click or tap here to enter text. | | | | |

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| 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 TESTPATIENT STATED ABOVE THEN GO TO THE “RX” ICON |
| NOTE: IF YOU ARE VALIDATING A SUPPORT REGIMEN THAT HAS BEEN ORDERED WITH A CHEMOTHERAPY REGIMEN, THE VALIDATION CHECKS ONLY NEED TO BE COMPLETED ON THE SUPPORT REGIMEN AGENTS |
| An agent list and event list will be sent along with the validation paperwork. The list of agents will show how many drugs are in the regimen and the event list will show how often they are scheduled. All drugs must be fully checked on the first occasion that they appear following the steps below. On subsequent occurences, only their scheduling and position in the prescription being correct as per the reference protocol needs to be checked as all other information will remain the same regardless of when it is scheduled. For example, if there is a single gemcitabine drug entry and gemcitabine is scheduled on days 1, 8, 15 & 22 of the cycle, the drug details and admin instructions need to be checked on day 1, then only the scheduling and drug position needs to be checked on day 8, 15 & 22 |

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| **ACTION** | | | **🗸, 🗶 or N/A** |
| OPEN THE DRUG ADMINISTRATION WINDOW AND COMPLETE THE FOLLOWING CHECKS AS APPROPRIATE  FOR CYCLES TO BE ADMINISTERED: COMPLETE STEPS A-G  FOR CYCLES TO BE TESTED: COMPLETE STEPS A-F | | | |
| **DAILY ADMININSTRATION TAB** | | | |
| **A.** | Are all the drugs listed in the correct sequence for administration? | |  |
| **B.** | For each drug, are the following details correct, where applicable? Form, Administration route, Frequency, Diluent type and volume, Infusion duration | |  |
| **C.** | If there are any drug-specific administration instructions, check that they are correct by clicking on the Admin instructions | |  |
| **OTHER ADMINISTRATION TAB** | | | |
| **D.** | Are all the Pick-up Internal (TTO) drugs listed here? (drugs will appear in alphabetical order) | |  |
| **E.** | Check that all drugs have the correct dose, form, route of administration, frequency, infusion rate, diluent information, and administration instructions (where applicable). If there is a stated maximum dose for a drug on the protocol, ensure this is also stated in the admin instructions | |  |
| **F.** | If the regimen includes some Pickup - Internal agents being given on different days, e.g. Vinorelbine oral given on Day 1 and Day 8, check that all days of treatment are listed and that the information is correct, and the drug is being administered on the correct day(s). | |  |
| IN THE “DAILY ADMINISTRATION” AND “OTHER ADMINISTRATION” WINDOWS RECORD EACH AGENT FOR THE CYCLE STATED ABOVE AS ADMINISTERED BY SELECTING EACH AGENT, CLICKING ON THE “RECORD” BUTTON, ENTERING AN ADMINISTRATION TIME AND CLICKING ON THE “APPROVE” BUTTON. | | | |
| **MEDICATION HX TAB** | | | |
| **G.** | Are all of the administered drugs listed in the appropriate sections, i.e. all anti-cancer drugs listed under ‘Active Chemotherapy Agents’ and all other supportive drugs and warning notes listed under ‘Active Non-Chemotherapy Agents’? NB: For support regimens, all agents become ‘Inactive Agents’ immediately after administration | |  |
| **ERRORS/COMMENTS** | | Click or tap here to enter text. | |
| FOR NEW REGIMENS, COMPLETE AND SUBMIT A KOMS NEW EVENT REQUEST FORM | | | |

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| **I confirm that the regimen has passed all required tests** | | | |
| **Validation Completed by** | Click or tap here to enter text. | **Signed** | Click or tap here to enter text. |
| **Designation** | Click or tap here to enter text. | **Date** | |