|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug name** | Click or tap here to enter text. | **Strength** |   | **Form** |   | **Admin Route** |   |
| **Regimen(s) used** | Click or tap here to enter text. | **Version(s)** | Click or tap here to enter text. |
| **Reference(s)** | Click or tap here to enter text. |
| **Test patient** | Click or tap here to enter text. |

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| **ACTION** | **✓ or ⦸ (N/A)** |
|  | Check the correct reference documents have been used as stated above |[ ]
| LOG IN TO ARIA SECURITY THEN SELECT AGENT – AGENT FORMULARY – CLICK ONCE ON AGENT TO SELECT - MODIFY |
|  | Check that the correct drug, strength, form and route have been selected before proceeding |[ ]
|  | The table should now be inputted by a technician or another pharmacist. Check the input of the table immediately after it has been entered and before the ok button has been selected. Amend any errors before selecting the ok button |[ ]
|  | Has the table has been entered correctly? |[ ]
| LOG IN TO ARIA MANAGER AT A LIVE LOCATION AND ORDER YOUR REGIMEN FOR THE TEST PATIENT, THEN CHECK THE FOLLOWING: |
|  | Has the dose of the newly banded drug been calculated and banded correctly according to the test patient’s BSA and the newly inputted dose banding table? |[ ]
| HIGHLIGHT A DRUG AND CLICK ON THE ‘ADJUST DOSE’ BUTTON. CLICK ON THE DOSE BANDING ICON  TO VIEW THE TABLE |
|  | Is the dose banding table correct? |[ ]
| **7.** | TAKE A SCREESHOT OF THE DOSE BANDING TABLE |[ ]
| APPLY A DOSE REDUCTION TO THE DRUG TO BE TESTED |
| **8.** | Has the drug been banded correctly? |[ ]
| **9.** | TAKE A SCREENSHOT OF THE DOSE REDUCED DRUG |[ ]
| REPEAT THE DOSE REDUCTION A FURTHER TWO TIMES TO A VALUE OF YOUR CHOICE INCLUDING SCREEN SHOTS OF THE DOSE REDUCED DRUG |
| **10.** | Has the drug been banded correctly? |[ ]
| **11.** | Have the regimen and drug dose caps been applied (if appropriate)? |[ ]
| FORWARD ALL PAPERWORK TO THE SYSTEM ADMINISTRATOR WHO WILL INFORM THE RELEVANT USERS OF THE UPDATE |

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