

## **Appendix 1. Checking procedures for non-pharmacist staff**

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Non-pharmacist staff involved in cytotoxic drug preparation may include validated technicians or pre-registration pharmacists. Untrained technicians/assistants and pharmacy undergraduates should not be permitted to prepare cytotoxic drugs.

### **General points**

Before preparation commences, all orders should undergo a full clinical check by the oncology pharmacist.<sup>44</sup>

To minimise the potential for dosing error, vial sizes closest to the actual dose should be selected, e.g. for doxorubicin 70 mg, a 50 mg and a 20 mg vial should be used.

Checks by a pharmacist should be made before components enter the cleanroom and when the product is finished.

Volumes should be independently calculated by staff in the cleanroom.

Each step of the checking procedure should be documented.

Only one patient's treatment should be prepared at a time, and only one drug should be in the CDSC at any one time.

Opened/used vials should not be left in the CDSC for later use.

### **Suggested checking procedure**

#### **Preparation set-up**

After the components have been assembled, the pharmacist checks: correct drug and strength, dose-calculations, expiry dates, label details, reconstitution fluid, infusion bag, quantity of full vials and volumes of partial vials and signs that this check has been performed.

#### **Finished product**

The labelled, finished product is passed out with the completely and partially used vials. The completely used vials are sealed in plastic to avoid contaminating checking staff and the tops of partially used vials are foil sealed, marked with the date of opening and the volume remaining in the vial. If it has been necessary to withdraw fluid from an IV bag to make room for the drug, then the syringes of removed IV fluid are also passed out from the sterile room. The pharmacist checks the name and strength of the vials and diluents and IV fluids used, the number of full vials used, and estimates the volume remaining in the part vial. For syringe products the volume is checked directly. For products in IV bags, if the amount of drug left over is within 10% of the volume expected, allowing for overage and inaccuracy in estimating volumes, then the product is deemed to be accurately prepared.

An institution may prefer to pass out used syringes drawn back to the volume of fluid used. If this procedure is followed, the syringes must be sealed in plastic before leaving the cleanroom to prevent contamination.

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