

Checklist for Verification of Treatment Regimens in ARIA Version 10

Regimen's Name and Disease Site	and Disease Site Internal Name/ Version Date Regime									
The regimen above has been above	ked against (Tick as appropriate).).								
	kea againsi (nek as appropriate	· ·								
CSCCN Protocol, version number	er:									
Other, please specify and cross	reference:									
Entered By:	Signature:	Date								
Checked By:	Signature:	Date:								
Checked by.		Duig.								
To access the reaimen for testina lo	g into "CSCCN" in Medonc Plan	ner. In the "Open Plan" window								
select: Plan Type - "Regimen" or "Sy	mptom Mgmt." and Plan Status	- "In Testing" and "Active".								
Highlight the plan for testing and do	puble-click or click the "open" b	utton.								
PLAN AGENDA WINDOW – DEFINITIC	N (from the toolbar click the "Definition	n" button) Correct $(\sqrt{)}$								
DEFINITION TAB:		/ Incorrect (X)								
Plan name (00 sharester Well A		manama								
 FIGHTHATTE (20 character limit - N therefore may have extra spaces in 	n title)	mename								
Display name	,									
Version number (check version	is the same as stated above)									
Plan type (should be "regimen" of the second s										
Sponsor (should always be "interr	nal")									
Owner (should always be "CSCC!	۷")									
 Brief description (correctly desc duration) 	ribes agents, doses, administration rout	e, frequency and								
Clinical Trial (should NOT be sele	cted)									
Amendments Mandatory (sho	ould NOT be selected) NB only applicat	ble to regimen								
CLASSIFICATION TAB:										
Sex (Should always be N/A)										
Age range (should always be block)	ank)									
Classification type – check th	ne following classifications have	been								
selected correctly										
Cancer catagories to	aludos OPCS codos dispesso sub postos	orios and trial								
status where applicable)	Lindes OF C3 Codes, disease sub categ									
Problems (NB only applied)	cable to symptom management)									
AUTHORS TAB:										
There should be no entries in	this field									
AUTHORIZED USERS TAB:										
 This list should consist of the feature Kimber Donna, P Basker Nanda. 	ollowing names only; P Burgin Ali, P Harrison Liz. P Rot	pertson Debra.								
		· · · · · · · · · · · · · · · · · · ·								

P:CH003	Version: 2.0	Issue Date: J	lan 2010	Rev Date: Jan 2015
Written:		Approved:	Date of Am	endments:
D Kimber		Dr D Wright	February 20	10, May 2010, July 2010, August 2010, Sept 2010,
CSCCN E-Prescribing	g System Manager	CSCCN Lead Pharmacis	t November	2010, May 2012, June 2012, Jan 2013, Jan 2013

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P Wills Rebecca , Wrig	ght (IP) Debbie, Vm	s Ks				
MEDICAL MANAGEMENT	TAB:					
 Classification – To: selected 	xicity Grading - NCI	CTCAE v4	1.0 (SI units) should be			
 Estimated GFR – a required 	ult is					
• There should be n	o entries in this field					
PLAN AGENDA WINDOW		lick on the "	Modify" button in the "Plan		Correct (√)	
Agenda" window)					Incorrect (X)	
 Phase (should alway 	rs be phase 1)					
 Phase name (Shou management plan) 	ld be Phase 1 for a regi	men or a de	scription for a symptom			
 Purpose (should alw 	ays be blank or N/A)					
 Service type (should be a should be should be should be a should be a should	ld always be blank)					
 Modality (should alv 	ways be blank)					
 Toxicity cause req 	uired (should NOT be s	selected)				
 Closed to accrua 	(should NOT be selected	ed)				
 Schedule type (en 	sure correct schedule ty	ype has bee	n selected)			
Dependent on the schee	<u>dule type</u> please co	omplete th	e following:	1		
			LINEAR-NEG DAYS			
(V) Of (\mathbf{X})	(\mathbf{v}) or (\mathbf{x})		(\vee) or (\mathbf{X})	Long	(V) Of (\mathbf{X})	
Number of cycles:		LE (†	artina day:	Leng	in (ddys).	
Max. Drift (days):	Max. Drift (days): (Should always be "0"	') M	ax. Drift (days):	Max. (Should	Drift (days): d always be "0")	
Description (correct duration)	tly describes agents, dc	oses, adminis	itration route, frequency and	d		
 Toxicity Risk (NO sco 	ores should be selected)				
Chemo order instr	uctions (should alway	, s be blank)				
PLAN AGENDA WINDOW agents attached to this regime	- AGENTS (from the to en)	oolbar click [.]	the "Agents" button to view	all the	Correct (√) Incorrect (X)	
Check that all of t	he regimen's drugs	specified	as per the CSCCN pro	tocol	/	
are listed in the "A	gents" window	•				
 Check that all of s 	supportive care dru	gs and pre	e and post hydration a	re		
included as per th	ne CSCCN protocol	summary	page			
Ensure that all dru	gs are listed in the c	correct ad	ministration order and			
amend the seque	nce number if need	ded (using	plan utilities)			
 IMPORIANI – dli d Bank) For investic 	rugs must be in UPP national or unlicense	'ER CASE (ed drugs r	as taken from First Data) nd		
entry of drug		eu urugs p	neuse check speiling u	nu		
Specify total num	ber of agents on thi	is list:				
Double click on e	ach individual ager	nt to open	and then list each			
individual agent ir	n table 1 on Page 5	and table	e 2 on Page 6 and repe	eat		
for each agent.						
PLAN AGENDA WINDOW "Toxicities" buttons)	- TESTS/TOXICITIES ((from the too	olbar click the "Tests" and		Correct (√) Incorrect (X)	
P:CH003 Version: 2.0	Issue [Date: Jan 2010		Rev Date	: Jan 2015	
Written: D Kimber	Approved: Dr D Wriaht		Date of Amendments: February 2010, May 2010, July	2010. Au	gust 2010, Sept 2010.	
CSCCN E-Prescribing System Man	ager CSCCN Lead Phar	rmacist	November 2010, May 2012, Ju	ne 2012.	Jan 2013, Jan 2013	

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 Tests (there should be NO "Selected Tests" 	
 Toxicities (there should be NO "Selected Toxicities") 	
PLAN AGENDA WINDOW - SCHEDULE (from the tool bar click the "Schedule" button.)	Correct (√) Incorrect (X)
 Starting on (this field should be blank except where the regimen includes an agent scheduled for specific days e.g. M/W/F) 	
 View ('cycle day' should always be selected) 	
 Maintain ('schedule' should always be selected) 	
Click on the "List" button to view how drugs are scheduled for this regimen.	
 Select 'Cyclical' to bring up a list of ALL agents that have been scheduled cyclically. Complete table 1 on Page 5 to indicate whether each agent is scheduled correctly. Print the cyclical list and attach it to this document. 	
 Select 'Non-cyclical' to bring up a list of ALL agents that have been scheduled non-cyclically. Complete table 1 on Page 5 to indicate whether each agent is scheduled correctly. Print the non-cyclical list and attach it to this document. 	
PLAN DETAILS MENU – Summary (from the "Plan Details" menu select Summary to open the "Plan Summary" window)	Correct (√) Incorrect (X)
 The "Plan Summary" window shows free-typed information about the regimen. This should contain the link to the correct protocol on the CSCCN website or reference the trial protocol. 	
PLAN DETAILS MENU – Access (from the "Plan Details" menu select Access to open the "Plan Access for Institution/User" window)	Correct (√) Incorrect (X)
 Institutions tab (check that the relevant institutions have been selected) o For adult regimens this includes all institutions except "PIAM Brown" o For paediatric regimens select "PIAM Brown" and "RSH Outpt Clinic" only 	
 User tab (check that all users have access to the regimen – i.e. none are ticked) 	
TESTING THE REGIMEN IN ARIA	Correct (√) Incorrect (X)
Follow the Validation of CSCCN Chemotherapy Protocols in Aria (SOP:CH003) and review this regimen using the appropriate number of test patients. (For most regimens this will involve 3 test patients but for simple regimens where the doses for all	

Once the test patients have been completed successfully and all necessary amendments made return to the regimen in planner. In the "Plan Agenda" window click the "Approve" button, then click "Analyse", then "Approve for Use".

APPROVED FOR USE IN ARIA

Print	Signature	Date	Occupation

P:CH003	Version: 2.0		Issue Date: Jan 201	0	Rev Date: Jan 2015		
Written:		Approved:		Date of Amendments:			
D Kimber	Kimber Dr D Wrigh			February 2010, May 2010, Jul	y 2010, August 2010, Sept 2010,		
CSCCN E-Prescribing	g System Manager	CSCCN Leo	ad Pharmacist	November 2010, May 2012, J	une 2012, Jan 2013, Jan 2013		



DOCUMENTATION

The completed form must be returned to the CSCCN system manager along with the check list for testing chemotherapy regimens and validation prescriptions within two weeks of regimen approval. A message must be broadcast to all users of the system as soon as the regimen has been approved for use stating either that the regimen has been added to Aria or an update implemented (with a brief description of the update).

	Date Se	nt / Sign	Date Received / Sign			
Message Broadcast on Aria	Date	Sign				
Checklist for Verification	Date	Sign	Date	Sign		
Checklist for Prescription Verification (S / M / L)	Date	Sign	Date	Sign		
Test Prescriptions (S / M / L) Only the L prescription need be printed	Date	Sign	Date	Sign		

P:CH003	Version: 2.0		Issue Date: Jan 201	0	Rev Date: Jan 2015		
Written:		Approved:		Date of Amendments:			
D Kimber		Dr D Wright		February 2010, May 2010, July 2010, A			
CSCCN E-Prescribing	g System Manager	CSCCN Lea	ad Pharmacist	November 2010, May 2012, J	une 2012, Jan 2013, Jan 2013		



Checklist for verification of Treatment Regimens in ARIA Version 10 – Table 1 Agents and their Schedule

	AGENT								SCHEDULE					
DRUG (AGENT) NAME, DOSE & FORM	SEQ# Check the sequence number corresponds with the order of administration		DETAILS TAB Check all fields for accuracy (as per table on page 6)	ADMIN TAB Check free text isCOURSE TAB Checkappropriat e for the agentTAB NO entries here		Tick to indicate how each agent has been scheduled		e how det thas been tity (√)or		Check the following for each agent and indicate if correct ($$) or incorrect (X)				
	SEQ#	(√)or(X)	(√)or (X)	(√)or (X)	(√)or (X)	Cyclical	Non- cyclical	Indicate if age entered correc incorrectly ()	Treatment Day	Treatment Cycle	Frequency	Duration		

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D Kimber		Dr D Wrigh	t	February 2010, May 2010, July 2010, August 2010, Sept 2010,			
CSCCN E-Prescribing	g System Manager	CSCCN Le	ad Pharmacist	November 2010, May 2012, J	lune 2012, Jan 2013, Jan 2013		



Checklist for verification of Treatment Regimens in ARIA Version 10 – Table 2 Agents Details Insert a ($\sqrt{}$), (X) or (N/A) in each box

DRUG (AGENT) NAME, DOSE & FORM	Agent Placeholder (not selected)	Fixed dose (always selected)	Form, Dose/Range and Units correct	Route	Strength (if Dose banded)	Rounding Method (if applicable)	Max Single dose (if applicable)	Prescription type (internal or pick-up internal onlv)	Record Dose (for pick- up only – "no dose recordinas" selected)	Refill (for pick-up only – not selected)	Agent Category correct (treatment/hydration etc)	Infusion Mode	Duration	Diluent	Volume	Diluent ID	Line No – should be blank	Substitution allowed – always YES

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D Kimber		Dr D Wright	t	February 2010, May 2010, Jul	y 2010, August 2010, Sept 2010,
CSCCN E-Prescribing	g System Manager	CSCCN Leo	ad Pharmacist	November 2010, May 2012, J	lune 2012, Jan 2013, Jan 2013

DOCUMENT CONTROL

Checklist for Verification of Treatment Regimens in ARIA Version 10

Version Number	Description of Change	Amended By	Date
2.0	Plan details menu – Access – Institutions tab: "For adult regimens this includes all institutions except "PIAM Brown", For paediatric regimens select "PIAM Brown" and "RSH Outpt Clinic" only " added Testing the regimen in Aria – Option for one patient testing for regimens with flat doses added	Rebecca Wills CSCCN Electronic Prescribing Pharmacist	22 nd January 2013
1.9	Title changed to ARIA Version 10 Instructions on how to access regimen added "Modify Plan Window" title changed to " "Plan Agenda Window – Definition" with associated information Definition Tab: "Billable plan" removed, "Amendments mandatory" added, "symptom management" included as an option for the plan type. Classification Tab: Diseasse stage, cell categories, Tx line, Tx intent removed. Coding included in under cancer categories with disease sub categories and trial status added. "Problems" added Authorised User Tab: P Burgin Ali added, list arranged alphabetically. Medical Management Tab: NCI CTCAE v3.0 changed to v4.0, Estimated GFR changed to "only selected if a formula other than Cockcroft and Gault is required" Modify Phase – sub-window: Title merged into section above. Phase name – "for a regimen or a description of symptom management plan" added, "Closed to accrual" added, "Toxicity risk" added, "Chemo order instructions" added Agents: Title amended. Table page numbers changed from 4 and 5 to 5 and 6. Tests/Toxicities: title amended, wording changed to reflect new format in V10. Schedule: Title amended. Starting on field – supplementary information added. Cyclical/Non cyclical lists -wording updated. Plan summary: changed to include reference to CSCCN website or trial protocol.	Rebecca Wills CSCCN Electronic Prescribing Pharmacist	20 th January 2013

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D Kimber		Dr D Wright		February 2010, May 2010, July 2010, August 2010, Sept 2010,	
CSCCN E-Prescribing System Manager CSCC		CSCCN Lea	ad Pharmacist	November 2010, May 2012, June 2012, Jan 2013, Jan 2013	

Central South Coast



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	Access: user tab – wording amended – all users to have access.		
	Testing the regimen in ARIA: The last three statements removed and incorporated into the		
	pharmacist checklist. Instructions on how to approve for use added		
	Tables 1 and 2 – "Central South Coast Cancer Network" title removed (already in header)		
	Table 2: Extra line added, Maximum Variation column removed, Agent placeholder, Fixed		
	dose, Form, dose/range and units, Record dose and Refill columns added		
	"($$) (X)" from columns moved to title with "(N/A)" option added		
1.8	Documentation changed so that only the large prescription need be printed.	Dr Deborah Wright	13 th June
	Testing the regimen changed to state that each cycle must be checked if doses change	CSCCN Lead Pharmacist	2012
	between cycles		
1.7	Nanda Basker added to approved list of users and Sara Brown removed	Dr Deborah Wright	31 st May
		CSCCN Lead Pharmacist	2012
1.6	Summary section changed to reflect the removal of the protocol and it's replacement with	Dr Deborah Wright	18/11/10
	the link to the website	CSCCN Lead Pharmacist	
1.5	Section on not including antiemetics removed	Dr Deborah Wright	09/09/10
	Document control added	CSCCN Lead Pharmacist	
1.4	Coding added as a check under classification	Dr Deborah Wright	05/08/10
		CSCCN Lead Pharmacist	
1.3	Section added describing documentation	Dr Deborah Wright	29/07/10
		CSCCN Lead Pharmacist	
1.2	Approval table re-formatted	Dr Deborah Wright	May 10
		CSCCN Lead Pharmacist	
1.1	Authorised users amended	Dr Deborah Wright	Feb 10
		CSCCN Lead Pharmacist	

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D Kimber		Dr D Wright		February 2010, May 2010, July 2010, August 2010, Sept 2010,	
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