Our establishment produces more or less **150 chemotherapies per day for 115 patients**. In order to reduce the patient waiting time, we decided to anticipate the chemotherapy prescriptions which permit us to prepare a part of the chemotherapies in advance. To overcome the raise of returns generated by that anticipation, we set up standardized doses (5 different types by interval of body surface area in m² : <1.49 ; 1.49-1.69 ; 1.69-1.89 ; 1.89-2.1 ; >2.1) facilitating the reallocation of the chemotherapies returns.

### Background

#### Purpose

Reduce the cost of returns due to the anticipation of chemotherapy

#### Materials and methods

During **6 months**, the returns of chemotherapy prescriptions had been listed and analysed to identify the dose (standardized or not), the cost and the cause of the return. The standardized and reassigned doses prescribed chemotherapies had been counted.

#### Results

18443 chemotherapies  
852 returns = 1,6% of the total cost of preparations  
The standardized dose preparation represented 40% of the returns  
42% of them had been reassigned  
69% of returns were from **anticipated chemotherapies**  
16% of them had been reassigned  
Anticipation rate of chemotherapies = **41%**  
Standardization rate of chemotherapies = **21%**  
Return cost of 37%

#### Causes of returns

- Prescription: 16%  
- Patient state: 58%  
- Not specified: 25%  
- Dispensation: 1%  
- Administration: 1%  
- Lapsing: 1%

#### Conclusion

This standardized work permitted to the cost of the loss of a third. At the moment, 21% of the prescriptions are standardized. To reduce more the return cost while maintaining the patient care quality, we would like to increase the standardization and improve the stability of chemotherapy bags.