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| --- |
| Name:Address:DOB:HCRN:Ward:Primary Consultant: |

**Oral Anti Cancer Medicines Education Checklist**

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| --- | --- | --- |
| Date/time: | Primary Diagnosis: | Regimen: |
| Is there a translator present? Yes🞏 No🞏Education provided by:Education provided to: Patient🞏 Family member🞏 Friend🞏 Care provider🞏Name(s):Teaching aids used: Verbal🞏 Written🞏 Demonstration🞏 Multimedia🞏 Other🞏 |

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| --- | --- | --- | --- |
| **Educational Topics** | **Yes** | **No** | **Comments** |
| **Self Medication: Explain and Discuss**  |
| How to obtain medication |  |  |  |
| Regimen and intended number of cycles |  |  |  |
| How and when to take your tablets including any treatment breaks |  |  |  |
| What to do if you miss a tablet |  |  |  |
| What to do if you vomit after taking a tablet |  |  |  |
| Use of supportive medications |  |  |  |
| Principles of safe handling, storage and disposal |  |  |  |
| Possible interactions  |  |  |  |
| **Self Monitoring: Explain and Discuss** |
| Potential side effects, how to recognise and manage them |  |  |  |
| **Written Information Provided** |
| Emergency contact numbers |  |  |  |
| Oral chemotherapy information sheet |  |  |  |
| Written information on supportive care e.g. mouthwashes |  |  |  |
| Appointment card with next appointment for day ward/CNS/Doctor review |  |  |  |
| **Monitoring Response** |
| Tests and procedures discussed |  |  |  |
| Frequency of review and bloods discussed |  |  |  |
| Importance of adhering to follow up explained |  |  |  |
| **Other:** |
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| **Literature given:** |
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|  |
| Sign: | NMBI pin |