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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 | |