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

**Assessment: Oral Anti Cancer Medicine**

\*This assessment form can be prepared as a document for multiple patient visits

Study Participant 🞏Yes 🞏No

Trial Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trial Nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Patient Treatment** | | |
| Date/time: | Is there a translator present Yes🞏 No🞏 | Primary Diagnosis: |
| Regimen: | Cycle number: | Cycle day: |
| Allergies/sensitivities: | Review frequency | SACT consent form signed?  Yes🞏 No🞏 |
| Weight: Height: BSA: Calculated by/verified by: / | | |
| Radiotherapy: Yes🞏 No🞏 NA🞏 Start date: End date: | | |
| Has the patient been admitted to hospital or seen their GP since their last treatment? Yes🞏 No🞏 Comment:  If applicable, discuss with senior medical/nursing staff prior to continuing treatment | | |
| Any patient infection control alert/issues? | | |
| Are all pre treatment investigations/interval scans for this cycle completed? Yes🞏 No🞏  Comments:  Are any investigations requested? Yes 🞏 No🞏 Details: | | |
| Is there any change from the patient current scheduled treatment plan? Yes🞏 No🞏  **Change made**:  **Reason for change:**  Is this a permanent change to the patient’s treatment plan? Yes🞏 No🞏 | | |

\* The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Distress Management, Distress Thermometer V 2. 2016 can be incorporated into this assessment process as required.

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| **Patient Adherence to Oral Anti Cancer Medicine**  (as applicable) | |
| Have you filled your prescription and obtained your medication. | Yes🞏 No🞏 |
| Have you been taking your tablets as directed | Yes🞏 No🞏 |
| **Do you know:** | |
| How to take your tablets (including use of medicine spoons, syringe or cups if applicable). | Yes🞏 No🞏 NA🞏 |
| When to take your tablets (including frequency, with/without food, crushed, whole, breaks etc). | Yes🞏 No🞏 NA🞏 |
| What to do if you vomit after taking a tablet | Yes🞏 No🞏 NA🞏 |
| What to do if you miss taking a tablet  Number of missed dose(s) in the last month/week:  Reason dose(s) were missed: | Yes🞏 No🞏 NA🞏 |
| How to recognise potential side effects and how to manage them. | Yes🞏 No🞏 NA🞏 |
| How to contact the hospital for emergency advice/assistance. | Yes🞏 No🞏 NA🞏 |
| Possible interactions with other food/drugs, including herbal supplements/over the counter medications. | Yes🞏 No🞏 NA🞏 |
| The principles of safe handling, storage and disposal. | Yes🞏 No🞏 NA🞏 |
| The importance of attending for oral anti cancer medicine reviews/bloods. | Yes🞏 No🞏 NA🞏 |

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| **Toxicity grading[[1]](#footnote-1)** | | | |
| **CTCAE Version 4** | **Grade** | **CTCAE Version 4** | **Grade** |
| Fever |  | Anorexia |  |
| Chest pain |  | Weight loss |  |
| Infection |  | Diarrhea |  |
| Bleeding |  | Constipation |  |
| Dyspnoea/Shortness of breath |  | Urinary disorder |  |
| Confusion/cognitive disturbance |  | Fatigue |  |
| Pain |  | Neurosensory/Motor |  |
| Mood alteration |  | Bruising |  |
| Mucositis/stomatitis |  | Rash |  |
| Nausea |  | Occular/Eye problems |  |
| Vomiting |  | Palmer/Planter Syndrome |  |
| Other | | | |
| Performance status[[2]](#footnote-2) |  |  |  |
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| **Vital Signs/Early Warning Score completed** Yes🞏 No🞏 NA🞏 | | | |
| **Have all necessary bloods been completed?**  FBC🞏 U&E🞏 Liver profile🞏 Bone profile🞏 Coagulation Screen🞏 Iron Studies🞏 TFTs🞏 CRP🞏 Other🞏 Details:  Tumour markers as per medical instruction🞏 Details:  **Blood results reviewed and satisfactory to proceed with treatment?** Yes🞏 No🞏 Details: | | | |
| Urinalysis results:  Sample sent to lab? Yes🞏 No🞏 Details:  HCG test complete? Yes🞏 No🞏 NA🞏 Results:  Last date of menstrual period Date: NA🞏 | | | |

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| **Discharge** | | | | | |
| Does the patient require admission? | | | Yes🞏 No🞏 | | Location: |
| Does the patient require a follow up telephone call? | | | Yes🞏 No🞏 NA🞏 | | Comments |
| Has intravenous cannula/Huber needle been flushed & removed?  Any complications?  VIPs score prior to removal: | | | Yes🞏 No🞏  Yes🞏 No🞏 | | Time removed:  Comments: |
| CVAD flushed?  Any CVAD complications? | | | Yes🞏 No🞏 NA🞏  Yes🞏 No🞏 | | Comments: |
| Has disconnection of ambulatory pump been arranged? | | | Yes🞏 No🞏 NA🞏 | | Time:  Date:  Location: Treating Hospital 🞏  Other Hospital 🞏  Home/Self/Carer 🞏  Community Services 🞏 |
| Date given for CVAD flush and dressing change? | | | Yes🞏 No🞏 NA🞏 | | Time:  Date:  Location: Treating Hospital 🞏  Other Hospital 🞏  Home/Self/Carer 🞏  Community Services 🞏 |
| Has spill kit been given to patient? | | | Yes🞏 No🞏 NA🞏 | | Comments: |
| Safe handling and disposal of cytotoxic drug information leaflet given? | | | Yes🞏 No🞏 NA🞏 | | Comments: |
| Did the patient receive a discharge prescription? Yes🞏 No🞏  Comments:  If the patient is for G-CSF, is administration arranged? Yes🞏 No🞏 NA🞏 Comments: | | | | | |
| Multidisciplinary/Community Services Referrals | | | | | |
| Referral made | | Comments: | | | |
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| Details of next appointment | | | | | |
| Date | Time | | | Reason | |
| Have blood requests for next appointment been given to patient? Yes🞏 No🞏 NA🞏 Comments:  Have community based pre treatment assessments been requested? Yes🞏 No🞏 NA🞏 Comments | | | | | |
| Assessment completed by NMBI pin | | | | | |

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| **Time/Date** | **Notes** | **Sign/NMBI** |
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| **Signature Bank** | | | | |
| Name | Signature | Initials | Role | NMBI Pin |
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**Appendix 1: Common Terminology Criteria for Adverse Events- CTCAE Version 4**

| **Common Terminology Criteria for Adverse Events- CTCAE Version 4** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Grades** | **Grade 0** | **Grade 1** | **Grade 2** | **Grade 3** | **Grade 4** |
| **Chest pain**  *Location?*  *When did it start?* | None | Mild Pain | Moderate pain; limiting instrumental ADL | Pain at rest; limiting self care ADL |  |
| **Infection**  *Has the patient taken their own temp?*  *Any chills, shivering, shaking episodes?*  *Any local signs?*  *Are they* neutropenic? | None | Localised signs of infection otherwise generally well | Signs of infection and generally well | Signs of severe symptomatic infection | Life threatening sepsis |
| **Bleeding**  Is this a new problem? Is it continuous? What amount? On anticoagulants? | None or no change from normal | Mild, self limited, controlled by conservative measures | Moderate bleeding | Severe bleeding | Massive bleed |
| **Dyspnoea**  It is a new symptom?  Is it worsening?  Any chest pain and for how long?  \*consider SVCO, anemia, treatment related | None or no change from normal | New onset shortness of breath with moderate exertion | Shortness of breath with minimal exertion; limiting instrumental ADL | Shortness of breath at rest; limiting self care ADL | Death |
| **Confusion/cognitive disturbance**  *Is this symptom new?*  *How long have they had these symptoms?*  *Is it getting worse?*  *Any changes to medications?* | None or no change from normal | Mild disorientation not interfering with ADLs. Slight decrease in level of alertness | Moderate cognitive disability and/or disorientation limiting ADLs | Severe cognitive disability and/or severe confusion; severely limiting ADLs. Altered level of consciousness | Life threatening consequences, loss of consciousness |
| **Pain**  Is it a new symptom?  How long?  Is the pain constant? | None or no change from normal | Mild pain:  not interfering with function | Moderate pain: pain or analgesia interfering with function but not activities of daily living | Severe pain:  Pain or analgesia interfering with ADLs | Disabling |
| **Mood alteration**  *How long have they felt this way?*  *What help them feel better?*  *What supports are in place?* | None | Mild mood alteration, not interfering with function | Moderate mood alteration, interfering with function but not ADLs | Severe mood alteration interfering with ADLs | Suicidal ideation  Danger to self or others |
| **Mucositis/Stomatitis**  *How many days?*  *Are there mouth ulcers?*  *Evidence of infection?*  *Able to eat and drink?* | None | Asymptomatic or mild symptoms | Moderate pain not interfering with oral intake | Severe pain, interfering with oral intake | Requires parentrenal/entrenal support |
| **Nausea**  How many days?  What is their oral intake like?  Are they taking antiemetic? | None | Loss of appetite without alteration in eating habits | Oral intake decrease without significant weight loss or dehydration | Inadequate oral caloric and fluid intake |  |
| **Vomiting**  How many days/episodes?  Are they constipated or have diarhorea? | None | 1-2 episodes in 24 hours | 3-5 episodes in 24 hours | >6 episodes in 24 hours | Life threatening consequences |
| **Anorexia**  What is appetite like?  Has it recently changed? | None or no change from normal | Loss of appetite without change to eating habits | Oral intake altered without significant weight loss or malnutrition | Oral intake altered in association with significant weight loss/malnutrition | Life threatening complications such as collapse |
| **Weight loss**  Are they trying to lose weight? | None | 5-10% less than baseline | 10-20% less than baseline | >20% less than baseline | Life threatening |
| **Diarrhoea**  How many days?  \*Consider infection | Non or no change from normal | Increase of <4 stools per day over baseline.  Mild increase in ostomy output | Increase of 4-6 stools per day over baseline.  Moderate increase in ostomy output | Increase of >7 stools per day over baseline  Severe increase in ostomy output | Life threatening consequences |
| **Constipation**  How many days since LBM?  What’s their baseline?  Any nausea, vomiting or abdominal pain? | Non or no change from normal | Mild- no bowel movement for 24 hours over pre –treatment normal | Moderate- no bowel movement for 48 hours over pre-treatment normal | Severe- no bowel movement for 72 hours over pre-treatment normal | No bowel movement for >96 hours  Consider paralytic ileus |
| **Urinary disorder** | Non or no change from normal | Mild symptoms- minimal increase in frequency, urgency, dysuria, nocturia, slight decrease in output | Moderate symptoms- Moderate increase in frequency, urgency dysuria, nocturia, Moderate decrease in output | Severe symptoms- possible obstructions/ retention, new incontinence, new or increasing haemturia  Severe reduction in output | Little or no Urinary output |
| **Fatigue**  How many days?  Any other associated symptoms? | Non or no change from normal | Increased fatigue but not effecting normal level of activity | Moderate or interfering with some normal activities | Severe or loss of ability to perform some activities | Bedridden or disabling |
| **Peripheral Neuropathy sensory**  When did it start?  Is it continuous?  Is it getting worse or affecting mobility or function?  Any constipation or urinary incontinence?  \*consider spinal cord compression | None | Asymptomatic; loss of deep tendon reflexes or paresthesia | Moderate symptoms; limiting instrumental ADL | Severe symptoms; limiting self care ADL | Life threatening consequences; urgent intervention indicated |
| **Peripheral Neuropathy motor**  When did it start?  Is it continuous?  Is it getting worse or affecting mobility or function? | None | Asymptomatic; clinical or diagnostic observation only: intervention not indicated | Moderate symptoms; limited instrumental ADL | Severe symptoms; limiting self acre ADLs; assistive device indicated | Lifethreatening consequences; urgent intervention indicated |
| **Bruising**  *New problem? Localised or generalized?*  *Trauma involved?* | None or no change from normal | Localised- single bruise only in one area | Multiple sites of bruising or one large site | | |
| **Rash**  Is it localized or generalized?  How long has it been there?  Signs of infection?  Is there any itch? | None | Rash covering <10% BSA with or without symptoms (e.g., pruritus, burning, tightness) | Rash covering 10-30% BSA that is limiting ADLs with or without symptoms (e.g., pruritus, burning, tightness) | Rash covering >30% BSA with or without associated symptoms; limiting self care ADL, spontaneous bleeding or signs of associated infection. | |
| **Occular/Eye Problems** | None or no change from normal | Mild symptoms not interfering with function | Moderate to severe symptoms interfereing with function and/or any visual disturbance | | |
| **Palmer/planter syndrome** | None | Mild numbness, tingling swelling of hands and/or feet with or without pain or redness | Painful redness and/or swelling of the hands and/or feet | Moist desquamation, ulceration. blistering and severe pain | |
| **Other** | This non exhaustive list of toxicities, other toxicities are available via the link below.  <https://safetyprofiler-ctep.nci.nih.gov/CTC/CTC.aspx> | | | | |

**Appendix 2: ECOG Status**

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| --- | --- | --- | --- | --- |
| **ECOG Status** | | | | |
| **ECOG score 0** | **ECOG score 1** | **ECOG score 2** | **ECOG score 3** | **ECOG score 4** |
| Fully active, able to carry on all pre-disease performance without restriction | Restricted in physically strenuous activity but ambulatory and able to carry out work of light or sedentary nature, e.g. light house work, office work | Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% or waking hours | Capable of only limited self –care, confined to bed or chair more than 50% of waking hours | Completely disabled Cannot carry on any self- care. Totally confined to bed or chair |

Oken M, Creech R, Tormey D, et al. Toxicity and response criteria of the Eastern Cooperative Oncology Group.Am J Clin Oncol. 1982;5:649-655.

1. CTCAE Version 4 (see appendix 1) [↑](#footnote-ref-1)
2. European Cooperative Oncology Group (see appendix 2) [↑](#footnote-ref-2)