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Checklist for Documentation of Oral Chemotherapy Adherence and Toxicity

Provided courtesy of Arizona Oncology

Pati	ient Name/MRN:	_Date:
Medication:		
Frequency of office visits:		
Provider/Clinician Reviewing Checklist with Patient:		
	Inquire if all questions and concerns about oral chemotherapy have been address	ed.
	Verify that the patient understands how to take the prescribed oral chemotherapy whole or crushed, etc). Oral chemotherapy medications should not be touched. H or gloves and wash hands before and after handling. Women who are pregnant or these medications. Medication should be stored away from children and pets.	andle using a disposable paper cup
	Confirm that the patient filled and/or refilled the prescription as written and has r patient name and drug information and directions.	eviewed prescription label for correct
	Ask the patient if he or she has any concerns about treatment costs.	
	Ask patient if he or she has missed any doses.	
	Number of doses missed per week or month:	
	Reason for missing dose(s):	
	Side effects (list):	
	Patient forgot:	
	Lifestyle and dosing schedule not compatible:	
	Cost of medication:	
	Provider and/or nurse recommended that patient skip dose:	
	Other reason(s):	
	Verify that the patient understands what to do in case of missed doses.	
	Assess for potential toxicity, by asking the patient if he or she has experienced ar Nausea/vomiting:	
	Diarrhea:	
	Fatigue:	
	Mouth sores:	
	Aches on muscles/joints/bone:	
	Rash:	
	Other:	
	Nurse/staff/non-physician practitioner/physician discussed side effects with patien	nt and recommended:
	 Shared suggestions for improved adherence with patient: Keep a journal of side effects, including timing around medication. Keep track of when you need a refill and plan ahead before you run out. 	
	 Adjust time of taking medication to better fit into daily schedule. 	