Checklist for Documentation of Oral Chemotherapy Adherence and Toxicity

Provided courtesy of Arizona Oncology

Patient 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 addressed.

☐ Verify that the patient understands how to take the prescribed oral chemotherapy (e.g., frequency, with or without food, whole or crushed, etc). Oral chemotherapy medications should not be touched. Handle using a disposable paper cup or gloves and wash hands before and after handling. Women who are pregnant or breastfeeding should avoid handling these medications. Medication should be stored away from children and pets.

☐ Confirm that the patient filled and/or refilled the prescription as written and has reviewed prescription label for correct patient name and drug information and directions.

☐ 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 any of the following:

☐ Nausea/vomiting: ____________________________

☐ Diarrhea: ____________________________

☐ Fatigue: ____________________________

☐ Mouth sores: ____________________________

☐ Aches on muscles/joints/bone: ____________________________

☐ Rash: ____________________________

☐ Other: ____________________________

☐ Nurse/staff/non-physician practitioner/physician discussed side effects with patient and recommended:

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☐ 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.