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ONCOLOGY CHEMOTHERAPY TEACHING FLOW SHEET

PATIENT IDENTIFICATION

SPECIAL LEARNING NEEDS:

- Language Barrier Emotional State Cultural / Religious Differences
 Hearing / Visual Impairments Ability to Comprehend None

EDUCATION GOALS:

Patient will be prepared for administration of chemotherapy:
will be able to cite drug & method of administration:

- Minimal Moderate High

Patient will describe 3 side effects secondary to Chemotherapy

- Minimal Moderate High

Plan of care discussed with patient:

Yes

No

with family:

Yes

No

Initial / Date

Learning Needs	CONTENT / FOCUS	Knowledge Level	Method	Response	Date / Initial	Need Met Date / Init'l
1. Disease Process:	A. Specific Disease: _____					
	B. Treatment Plan (specific cycle)					
2. Treatment Process:	A. Definition					
	B. Mechanism of Action					
	C. Specific Drugs: _____					
3. Side Effects of Chemotherapy:	A. Myelosuppression					
	B. Neutropenia					
	C. Anemia					
	D. Thrombocytopenia					
	E. Anorexia / Taste Changes					
	F. Mucositis / Mouth Care					
	G. Nausea & Vomiting					
	H. Alopecia					
	I. Skin Changes					
	J. Infiltration / Extravasation					
	K. Hemorrhagic Cystitis					
	L. Constipation					
	M. Diarrhea					
	N. Fatigue / Weakness					
O. Sexual Dysfunction / Infertility						
P. Organ Toxicity						
Q. Other:						

*CODE FOR KNOWLEDGE LEVEL

G = Good
F = Fair
P = Poor

CODE FOR METHOD

V = Video
R = Role Play
E = Explain
D = Demonstration
H = Handout / Manual
TV = Closed Circuit
P = Poster / Flip Chart

RESPONSE CODES

PT = PATIENT TAUGHT
FT = FAMILY TAUGHT

- Poor Attention Span
- Refusal
- Asked Questions
- Partial Comprehension

- Verbalized Recall of New Knowledge
- Demonstrated Ability / Recall
- Anxious
- Needs Follow-Up Reinforcement

PART OF THE MEDICAL RECORD

ONCOLOGY - Chemotherapy Teaching Flow Sheet

Learning Needs	CONTENT / FOCUS	Knowledge Level	Method	Response	Need Met Date / Init'l	DATE / INITIAL
4. General Self-Care:	A. Nutrition / Fluid Intake / Adequate Rest:					
	B. Psycho social / Spiritual Support / Referrals: _____					
5. Hazards of Exposure to Chemotherapy drugs:	A. Hand washing after toilet					
	B. Flush toilet twice after each use					
	C. Call RN if there are any spills, drips or leaks					
6. Supportive Services Available:	A. Oncology Social Worker					
	B. Nutritional Care					
	C. Ostomy, Wound, and Continence Nurse					
	D. Pastoral Care / Palliative Care					
	E. Rehabilitative Services (Physical Therapy, Speech Therapy & Occupational Therapy)					
	F. Oncology Case Management Coordinator (Home Care Needs)					
7. Written Materials given:	A. Chemotherapy and You					
	B. What you need to know about: _____					
	C. Taking Time					
	D. Oral Hygiene					
	E. Chemotherapy Fact Sheets: _____ _____					
	F. American Cancer Society Resource Guide & Programs					
	G. <u>Look Good Feel Better Program</u> Support Group Brochure & Flyer with PH Schedule					
	H. Information / Brochure on other Support Groups (if available)					
	I. Eating Hints					
	J. Videos: _____					
	K. Other: _____					

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ONCOLOGY
**CHEMOTHERAPY
TEACHING
FLOW SHEET**

PATIENT IDENTIFICATION

INITIALS	CLINICIAN'S SIGNATURE / TITLE	INITIALS	CLINICIAN'S SIGNATURE / TITLE

PART OF THE MEDICAL RECORD