



Arizona Oncology: Assessment of Oral Chemotherapy Adherence & Toxicity

Patient Name _____ Date _____ MRN _____

Date of Birth _____

Oral Drugs _____

Current Regimen & Schedule _____

Diagnosis _____

Provider/Clinician Reviewing Check-Off List 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/without food, whole or crushed, etc.). Oral chemotherapy medications should not be touched. Handle using disposable paper cup or gloves and wash hands before and after handling. Women who are pregnant or breastfeeding should avoid handling these medications. Store away from children and pets.
- Confirm that the patient filled/refilled the prescription as written and has reviewed prescription label for correct patient name and drug information and directions.
- Inquire about concerns about treatment costs.
- Ask patient if they have missed any doses.

Number of doses missed per week or month: _____

- Reason for missing doses: _____
- Side effects (list): _____
- Forgot: _____
- Lifestyle and dosing schedule not compatible: _____
- Cost of medication: _____
- Provider/nurse recommended to skip: _____
- Other reason: _____

- Verify that the patient understands what to do in case of missed doses.
- Assess for potential toxicity, asking patient if they have experienced any of the following:
 - Nausea/vomiting: _____
 - Diarrhea: _____
 - Fatigue: _____
 - Mouth sores: _____
 - Aches in muscles/joints/bones: _____
 - Rash: _____
 - Other: _____

Nurse/staff/advanced practitioner/physician discussed side effects with patient and recommended: _____

- Suggestions for improved adherence:
 - 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.