

ORAL SYSTEMIC THERAPY PRACTICE GUIDE
Continuing Follow-Up Calls/Visits- Short Version

Patient Name: _____ Completed By: _____

Date: _____ Pharmacist Nurse Physician

- How do you feel today? ECOG Performance Status = _____
- Have you had any problems with side effects from this drug? **Yes / No**
 - Review adverse drug reactions (ADRs) on **Pharmacy Toolkit** and/or **Systemic Therapy Manual** drug monograph to identify which ADRs to ask patient about
- Are there any other side effects which have bothered you since we last spoke? **Yes / No**
- Did you call your doctor or go to the Emergency Department of the hospital for any of these side effects? **Yes / No /**
- Are you following the instructions for prevention of ADRs? **Yes / No**
 - Review adverse drug reactions (ADRs) on **Medication Info Sheet** and/or **Adverse Drug Reaction Management Guide** for prevention measures
- If not, is there a reason? Can I help with this problem?
- Are you following the instruction on good mouth care (to prevent stomatitis)? **Yes / No**
 - If not, is there a reason? Can I help with this problem?
- Did you have trouble taking this medication as instructed by your doctor? (Use Morisky Medication Adherence Questionnaire to assess adherence- page 2)- Adherence Score = _____
 - Do you have trouble remembering to take your medications? If so, could blister packaging or some other method be used to remind you when you must take this medication?
 - Consider patient-specific strategies to assist with adherence to treatment
 - Reminder the patient that the full dose is needed for cancer control- partial doses may be ineffective to control the cancer and overdosing will only result in adverse effects but not any better cancer control
- Document in the patient file on your computer system

Medication Counseling

- Review the **Medication Info Sheet** with the patient again, and probe for any further questions not asked in the initial counseling session.
- Reinforce the importance of adherence to cancer control and outcomes

Oncology Team Contact and Communications

- If you found any difficulties with adverse effects or treatment adherence, contact the oncologist, the oncology nurse or the Oral Systemic Therapy Case Manager
- Symptoms of problems that require urgent care should be reported immediately and the patient should be advised to go to the Emergency Department
- Fax this form to: _____ at Fax #: (902) _____

Follow-Up Calls and Visits

- Plan follow-up calls or visits with the patient for the next cycle of treatment- there should be at least one call or visit each cycle, in addition to the dispensing visit, to reinforce adherence and to identify emergent adverse effects. Use the Long Version of this Practice Guide at least once every 3 to 6 months.

ORAL SYSTEMIC THERAPY PRACTICE GUIDE
Continuing Follow-Up Calls/Visits- Short Version

Morisky Medication Adherence Questionnaire	Patient Answer (Yes/No)	Score Y=1; N=0
Do you sometimes forget to take your medicine?		
People sometimes miss taking their medicines for reasons other than forgetting. Thinking over the past 2 weeks, were there any days when you did not take your medicine?		
Have you ever cut back or stopped taking your medicine without telling your doctor because you felt worse when you took it?		
When you travel or leave home, do you sometimes forget to bring along your medicine?		
Did you take all your medicines yesterday?		
When you feel like your symptoms are under control, do you sometimes stop taking your medicine?		
Taking medicine every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?		
How often do you have difficulty remembering to take all your medicine? ___ A. Never/rarely ___ B. Once in a while ___ C. Sometimes ___ D. Usually ___ E. All the time		A = 0; B-E = 1
Total score		
Scores: >2 = low adherence 1 or 2 = medium adherence 0 = high adherence		

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