

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

Patient Name: _____ Completed By: _____

Date: _____ Pharmacist Nurse Physician

At some of the continuing follow-up calls (at least once every 6-12 months), the health professional needs to determine that the patient still understands about their medications and the importance of full adherence. In addition, the health profession should probe to identify adverse drug reactions or barriers to adherence, not previously recognized. In order to elicit the most detailed responses from patients it is important to use open ended questions that cannot be answered with a “yes” or “no” response. Ask the patient to tell you about their medications, and to teach you about what they know. The following questions may be helpful when conducting a follow-up conversation with a patient taking oral systemic therapy:

Probing Questions	Patient Assessment and Documentation
How and when are you taking your cancer treatment (your pills)? Why is it important that you take all your medications as the doctor has ordered them?	Understands how to administer medication(s) Yes No N/A Comments:
When are you scheduled to stop taking your treatment? When are you to start your next cycle? <i>(For treatments with breaks between cycles)</i>	Understands how to manage breaks, which tests are needed Yes No N/A Comments:
What tests do you need to have before you start your next cycle?	
Many people have trouble taking their treatment the way they are asked to. What gets in the way of you taking your treatment?	Barriers to adherence are identified Yes No N/A Comments:
Thinking back over the last two weeks, how many times have you missed taking your treatment?	Appears to be adherent – Morisky Adherence Score= <input style="width: 40px; height: 15px;" type="text"/> Yes No N/A
When you miss taking your treatment, what do you do?	Comments:
What foods were you advised not to eat while you are taking your cancer treatment? <i>(if there are foods the patient was advised to avoid)</i>	Understands which foods to avoid and complies Yes No N/A Comments:
Have you started to take any other new prescription drugs or over the counter drugs?	New prescription drugs or over the counter drugs Yes No N/A List:
Have you gone to the Emergency Department or to see your family doctor? When did you last see your dentist?	Emergency Department/ family doctor/ dentist visits Yes No N/A Comments:
In the first few days taking this medicine, have you had any side effects that could be due to the drug? For instance, nausea or vomiting, diarrhea, constipation or other problem? (Check the adverse drug reactions (ADRs) on Pharmacy Toolkit and/or Systemic Therapy Manual drug monograph to identify which ADRs to ask patient about)	Adverse Drug Reactions Yes No N/A Comments:
Any other issues we should know about? What are your main concerns about taking oral systemic therapy?	Yes No N/A Comments:

Fax this form to: _____ at Fax #: (902) _____

Follow-Up Calls and Visits

Book the next follow-up call or visit with the patient



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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? <input type="checkbox"/> A. Never/rarely <input type="checkbox"/> B. Once in a while <input type="checkbox"/> C. Sometimes <input type="checkbox"/> D. Usually <input type="checkbox"/> E. All the time		A = 0; B-E = 1
Total score		
Scores: >2 = low adherence 1 or 2 = medium adherence 0 = high adherence		