

# ORAL SYSTEMIC THERAPY PRACTICE GUIDE

## First Follow-Up Call/Visit

Patient Name: \_\_\_\_\_ Completed By: \_\_\_\_\_

Date: \_\_\_\_\_ Pharmacist Nurse Physician

At the first follow-up call, the goal for the health professional is to determine the degree of patient understanding about their medications and the importance of full adherence. In addition, any early adverse drug reactions may be identified and any barriers to adherence. 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 few days, how many times have you missed taking your treatment?	Appears to be adherent Yes No N/A Comments:
When you miss taking your treatment, what do you do?	
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 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?	Emergency Department/family doctor 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 <b>Pharmacy Toolkit</b> and/or <b>Systemic Therapy Manual</b> 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 about 2 to 4 weeks later. This may be done when the patient returns for the next prescription fill or clinic visit.