

Chemotherapy Teaching Appointment Checklist

1. Patient Name: _____ Date: _____
Nurse: _____ Date: _____
Diagnosis: _____ Protocol: _____
2. Teaching For: _____ Patient _____ Significant Other: _____
3. INFUSION CENTER INFORMATION
____ Outpatient/Infusion Center phone numbers and contact information
____ Reviewed emergency procedures and contacts
____ Cancer Program Patient Education Folder
4. APPOINTMENTS:
PHYSICIAN APPOINTMENT: MD: _____ DATE/TIME: _____
CHEMOTHERAPY: _____ DATE/TIME: _____
PORT PLACEMENT: _____ DATE/TIME: _____
TYPE: _____ PLACE: _____
LAB / NURSE FOLLOWUP: _____ DATE/TIME: _____
5. LEARNING/AGE APPROPRIATE ASSESSMENT:
a. Do you learn better by reading, listening or doing? _____
b. Are there any language barriers to learning? _____
c. Is there any cultural information we should know about when planning your care? _____

6. DISEASE/PROCEDURE
____ Video: _____
____ Pamphlets: _____
____ Other: _____
7. CHEMOTHERAPY _____ NA
____ PROTOCOL: _____
____ TREATMENT CYCLE (how often): _____
____ ADMINISTRATION
____ OTHER: _____
____ Video: _____
____ Pamphlets: _____
____ Medications:
a. _____ d. _____
b. _____ e. _____
c. _____ f. _____
8. RADIATION THERAPY _____ NA
____ Video: _____
____ Pamphlets: _____
____ Other: _____

