

Appendix E: Cancer Management Flow Sheet

Patient Encounters, Diagnostic/Clinical Data/Prognostic Data, by Date

Review:		Enter Review Date: dd-mm-yyyy	Baseline:	Date:	Date:	Date:	Date:
Prognostic	WEIGHT		lbs	lbs	lbs	lbs	lbs
			kg	kg	kg	kg	kg
	Performance Status - PPS (0-100%)		%	%	%	%	%
	Dyspnea (0-10)						
	Cognitive Impairment/Confusion						
Symptoms (VAS 0-10)	Pain 1: location: type: (0-10)						
	Pain 2: location: type: (0-10)						
	Pain 3: location: type: (0-10)						
	Nausea (0-10)						
	Constipation						
	Other 1 (ie: fatigue)						
	Other 2 (ie: disease specific Sx - dysphagia)						
Signs	Lungs / BP (query Hypotension)						
	Liver/Spleen/Abdomen						
	Spine/Bone						
	CNS (query Cord compression)						
	Nodes						
	Skin /Edema						
Lab	(use for tumour marker, Hb, INR, Ca++, albumin etc.)						
Medications	Anticancer Rx	Systemic:					
		Biological:					
		Hormonal:					
		Radiation					
		Other: (bisphosphonate, paracentesis, RBC transfusion, etc.)					
	Symptom Control	Opioid SR:					
		Opioid IR:					
		Antiemetic: (eg: metoclopramide)					
		Bowel Protocol:					
		Adjuvant 1: (query neuropathic pain)					
Adjuvant 2: (query dexamethasone)							
Care Plan	DNR <input type="checkbox"/> Home DNR form <input type="checkbox"/> Expected home death form						
	Palliative Care Program Referral <input type="checkbox"/> Benefits Form <input type="checkbox"/> Home care <input type="checkbox"/> Discussion:						
	Advance Directive Preferred place of care: <input type="checkbox"/> Discussion						
	Proxy:	Phone:					

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