**For Patients Receiving Their First Chemotherapy Treatment -or- New Treatment Regimen**

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<th>Chemotherapy / Medications Received</th>
<th>Discharge Medications / Prescriptions</th>
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**Teaching Materials Given to Patient**

- [ ] Chemotherapy and You
- [ ] Eating Hints
- [ ] Chemotherapy and Blood Counts
- [ ] Taking Time
- [ ] Specific Drug Information Sheets (list below):
  -
  -
- [ ] Oral Hygiene / Mouth Care
- [ ] "Look Good … Feel Better" Brochure
- [ ] "I Can Cope" Brochure
- [ ] What You Need to Know About ________________
- [ ] Other (list below):
  -
  -

**Instructions Given to Patient**

1. Signs & Symptoms of Infection / Significance of Blood Work / Febrile Neutropenia
2. Mouth Care / Management of Nausea & Vomiting / Constipation / Diarrhea
3. Nutrition / Importance of Increased Fluid Intake / Signs of Dehydration
4. Other (list below):
   -
   -

**Follow Up Labs / Return Appointment to I.T.C.**

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**Other**

-
- 
- 
- 

I have received the information / instructions listed above, and was given the opportunity to ask questions.

**PATIENT'S Signature:**

**RN'S Signature / Title:**

**DATE:**

**White Copy = Chart**

**Yellow Copy = Patient**

**Part of the Medical Record**

8850315 Rev 05/05

ITC Patient Discharge_ONCOLOGY