Radiation therapy patient education checklist

Hospital ID: MRN:

Surname:

Other names:

DOB: Sex:

This checklist should be used to assist with preparing for a patient education session. Please refer to the appropriate eviQ treatment protocol and patient information sheets.

Date	
Admission status during education session	Inpatient ☐ Outpatient ☐
Radiation therapy explained (e.g. what it is, how it is given, treatment site, technique, fractionation)	Yes No
Multidisciplinary team explained (e.g. introduction to other team members, their role in supporting the patient, orientation to the department)	Yes No
Specific instructions for radiation treatment given (e.g. bowel preparation, bladder preparation, fasting, medications)	Yes No N/A
General advice given (e.g. skin care, diet, exercise)	Yes No N/A

Site specific information (tick the applicable boxes)

Breast

- Fatigue ☐
- Skin reaction/dermatitis ☐
- Breast discomfort/oedema ☐
- Alopecia ☐
- Potential shortness of breath ☐
- Lymphoedema ☐
- Intimacy & sexuality ☐
- Sore throat (depending on treatment plan) ☐
- Other _____

Colorectal

- Fatigue ☐
- Proctitis ☐
- Enteritis ☐
- Dermatitis/Mucositis ☐
- Cystitis ☐
- Alopecia ☐
- Nausea and vomiting ☐
- Faecal urgency/altered bowel habit ☐
- Intimacy & sexuality ☐
- Fertility ☐
- Other _____

Gynaecological

- Diarrhoea ☐
- Fatigue ☐
- Skin reaction/dermatitis ☐
- Lymphoedema ☐
- Dilators ☐
- Intimacy & sexuality ☐
- Fertility ☐
- Other _____

Haematological (side effects will be site dependent)

- Fatigue ☐
- Nausea and vomiting ☐
- Dysphagia/odynophagia ☐
- Mucositis ☐
- Alopecia ☐
- Skin reaction/dermatitis ☐
- Pneumonitis ☐
- Other _____

Skin

- Fatigue ☐
- Skin reaction/dermatitis ☐
- Alopecia ☐
- Other _____

Respiratory

- Fatigue ☐
- Oesophagitis ☐
- Skin reaction/dermatitis ☐
- Cough ☐
- Nausea and vomiting ☐
- Pneumonitis ☐
- Other _____

Urogenital • Fatigue ☐ • Frequency ☐ • Urinary retention ☐ • Dysuria ☐ • Proctitis ☐ • Incontinence ☐ • Skin reaction/dermatitis ☐ • Intimacy & sexuality ☐ • Other _____	Upper gastrointestinal • Fatigue ☐ • Anorexia ☐ • Dysphagia/odynophagia ☐ • Dyspepsia ☐ • Weight loss ☐ • Skin reaction/dermatitis ☐ • Nausea and vomiting ☐ • Pneumonitis ☐ • Other _____
Head & neck • Fatigue ☐ • Dysgeusia ☐ • Mucositis☐ • Odynophagia ☐ • Dysphagia ☐ • Skin reaction/dermatitis ☐ • Xerostomia ☐ • Dysphonia ☐ • Nausea and vomiting ☐ • Cough ☐ • Alopecia ☐ • Other _____	Neurological • Fatigue ☐ • Alopecia ☐ • Skin reaction/dermatitis ☐ • Headache ☐ • Nausea and vomiting ☐ • Hearing loss/ototoxicity ☐ • Otitis media/externa ☐ • Seizure ☐ • Worsening of pre-existing neurological symptoms ☐ • Brain oedema ☐ • Cognitive changes ☐ • Insomnia ☐ • Blurred vision ☐ • Other _____
Symptom management discussed	Yes No
Allied health referrals required (see eviQ radiation therapy nursing baseline assessment form)	Yes No
Written and/or audiovisual resources provided to patient	Yes No
Other items discussed	
Name:…….. Signature:…….. Date:…….	

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