

8. Record keeping

Medication record

Month: _____

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
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Summary record of cancer

As your child grows up, the details of this experience with cancer will fade. However, this cancer will remain a significant entry in your child's medical history. You can help your child to take responsibility for his own care as he grows up by giving him a clear summary of this event. The form below will help with this record keeping.

| |
|--|
| Name of Cancer: |
| Date of Diagnosis: |
| Name of Surgery: |
| Chemotherapy Drugs: |
| Radiation Dose and Location: |
| Other Health Problems Relating to Disease or Treatment: |
| Treatment Completion Date: |
| Treatment Centre(s): |
| Oncologist's Full Name: |
| Other Important Information: |

Daily treatment, test & event log

Make copies of this so that you have enough pages to keep a daily log

| Date & Time | Test | Test Results | Treatment | Side Effects | Management | Results | Significant Events & Feelings |
|-------------|------|--------------|-----------|--------------|------------|---------|-------------------------------|
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About our family

Because you will come back to the hospital frequently, it will help the people caring for you if they have the following information. Please complete this form and bring it with you on all subsequent hospital visits.

About our family

1. We call our child _____
Sex: _____ Age: _____

2. Names of Parent/Guardian:
Mother: _____
Phone: Home: _____ Work: _____ Other: _____
Father: _____
Phone: Home: _____ Work: _____ Other: _____

3. Siblings: (Name/age) _____

4. Person to contact in an emergency is:

5. Person usually caring for the child is:

6. Parents are: () Married () Divorced () Single () Other
Custody arrangements: _____

7. Things about our family you should know:

8. Name and address of our child's school:

9. Grade: _____ 10. Teacher's Name: _____

About _____ 's health and hospital experiences

1. Diagnosis: _____

2. Allergies: _____
Medications: _____
Food: _____
Usual reaction: _____
3. Current medications: () none () the following (name/dose/times/last dose/any special way it is taken): _____

4. Procedures done at home: () none () the following: _____

5. Lines in place: () none () central line – CVC, cuffed CVC () VAD – implanted VAD
If CVC, dressing change days: _____
6. When an IV has to be started, we prepare in the following way:

7. When a bone marrow aspiration, lumbar puncture (LP) or Ommaya Reservoir access is done, we prepare in the following way: _____

8. The anti-nausea medication that works best is: _____
9. Getting Transfusions:
Platelets: Usual reaction: () none () the following: _____
Pre-medication: () no () the following: _____

Packed Red Blood Cells: Usual reaction: () none () the following: _____
Pre-medication: () no () the following: _____

Other things we would like you to know:
