



## Appendix E: Cancer Management Flow Sheet

Review:		Baseline:	Date:	Date:	Date:	Date:
Enter Review Date: dd-mm-yy						
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 Bowel Performance Scale (BPS)*					
	Other 1 (i.e., fatigue)					
	Other 2 (i.e., 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: (bisphosphate, paracentesis, RBC transfusion, etc.)				
	Symptom Control	Opioid SR:				
		Opioid IR:				
		Antiemetic: (e.g.: metoclopramide)				
		Bowel Protocol*:				
		Adjuvant 1: (query neuropathic pain)				
	Adjuvant 2: (query dexamethasone)					
Care Plan	Forms: <input type="checkbox"/> No CPR <input type="checkbox"/> Expected Death in the Home <input type="checkbox"/> MOST DNR1**					
	Palliative Care Program Referral: Discussion <input type="checkbox"/> <input type="checkbox"/> Benefits Form <input type="checkbox"/> Home Care					
	Representative Agreement: Discussion <input type="checkbox"/> My Voice <input type="checkbox"/> Preferred Place of Care:					
	Temporary Substitute Decision Maker (TSDM): Name: Phone:					

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\* Bowel Performance Scale (BPS): Refer to <http://www.bccancer.bc.ca/family-oncology-network-site/Documents/BPSConstipationScale.pdf>

\*\* MOST (Medical Orders for Scope of Treatment): Refer to your health authority for more information