



AYA Initial Assessment and Checklist

Adolescent and Young Adult Cancer Services – Initial Assessment and Checklist

SURNAME _____ NHI _____

FIRST NAME: _____

DOB: _____ SEX _____

Please ensure patient details are completed here

Reason for Referral

Brief Medical Details (Diagnosis, Protocol, etc.)

Personal Details

Preferred Name

Mobile

Email

Significant Others and Contacts

Consent to information being obtained Yes No

Confidentiality explained Yes No

Health Status

What is the young persons understanding to date of what is occurring?

Do they have any other health problems? / Previous hospital experiences.



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HEEADSSS Assessment

Genogram/Culture

Home

Education/Work

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Eating

Activities

Alcohol/Drugs

Sexuality



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Mood

Safety (Sexual or Physical Abuse, Self Harm, Suicidal Thoughts)

SUMMARY
Key Issues

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AYA Investigations

Plan

Plan made and discussed with young person

Yes

No

Assessment completed by:

Date:

Time:



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AYA Cancer Care Initial Diagnosis Checklist

Issue	Comments	Completed by and Date
<p>Review Body Image</p> <p>Accurate information relevant to the young person provided i.e. on hair loss, skin changes, skin care, weight management etc</p> <p>AYA LGFB referral form completed</p> <p>Entitlement to and the process for Wig/Headwear allowance outlined</p>		
<p>Review Fertility</p> <p>The young person provided with an awareness of the potential impact of treatment on fertility.</p> <p>Accurate fertility information provided</p> <p>For females the opportunity for a specialist fertility consultation made available if wanted</p> <p>Sperm banking for males explored and facilitated if appropriate</p>		
<p>Review Hospital Processes</p> <p>The young person and their family are provided with a tour of the Hospital/Outpatient Unit where they are to receive ongoing treatment.</p> <p>The unit processes are explored with the young person i.e. booking appts</p> <p>If a paediatric patient the tag system is initiated</p>		

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<p>Review Drug and Alcohol Use</p> <p>Reviews the impact of smoking, drugs, and alcohol on their cancer management.</p> <p>Assistance with cessation if required</p> <p>Anticipatory Counselling provided</p>		
<p>Review Sexuality</p> <p>Understands risks of sexual behaviours while undergoing treatment; contraception, STI's and pregnancy</p> <p>Is provided with reliable and accurate information regarding sexual functioning, contraception/protection.</p> <p>Learns about the impact of treatment on menstruation.</p> <p>Relationships</p>		
<p>Reviews Educational/ Vocational needs</p> <p>Discusses (real or perceived) restrictions to education or work</p> <p>A NHS referral completed if young person is attending school</p> <p>Support provided if required in informing employer/training provider about diagnosis and ongoing attendance.</p> <p>Assistance with realistic educational/vocational goal setting while undergoing treatment</p>		



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<p>Social Supports</p> <p>Aware of the associations and organisations for support. I.e. CCF, CANTEEN, Cancer Society, Leukaemia and Blood Foundation. Enrolment facilitated as appropriate</p> <p>CCF Beads of Courage Programme facilitated if eligible</p> <p>Discuss ways to benefit from peer support</p> <p>Discuss family needs for support</p> <p>Discuss family role in care.</p> <p>Discuss any limitations and restrictions on socialisation</p> <p>Discuss exercise options and benefits from this</p> <p>Encourage and support activity scheduling</p>		
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<p>Financial Issues</p> <p>Aware of eligibility and supported to apply for benefits and allowances</p> <p>Parking options outlined</p> <p>Make A Wish Application and Hulich Grant eligibility explored</p> <p>Accommodation issues discussed and assistance provided if required</p> <p>Access to a cell phone established</p> <p>Financial barriers assessed i.e. transport, food, phone, power</p> <p>St John Ambulance scheme recommended</p>		
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<p>Emotional Health</p> <p>Discuss the importance of feelings</p> <p>The young person can identify and describe who to talk to during difficult times (feeling lonely, sad . scared or depressed)</p> <p>Describes to you ways of coping with stress</p> <p>Ways to relax, use distraction and feel good about themselves are explored</p>		
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AYA Cancer Care Initial Diagnosis Checklist

The young person...	Comments	Completed by and Date
Is able to describe their cancer diagnosis in their own words		
Is able to describe in their own words their protocol/treatment plan		
Is able to describe tests and procedures and reasons for them		
Is able to demonstrate a knowledge of their chemotherapy drugs and other medications including side effects, how to refill prescriptions, how often they should take the medications and instructions for administration.		
Is able to describe their chemotherapy/ radiotherapy side effects and management of these. Bone Marrow Suppression Nausea and Vomiting Hair Loss Constipation/ Diahorea Infection Fatigue Mouth Problems Urinary Problems Nutrition / Food Safety and Weight Loss Pain		

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Has chosen a method to record/remember to take their medications.		
Is able to describe steps to care for their line.		
Is able to name and describe the role of their main health care providers.		
Is able to describe symptoms of unwellness, has a plan for whom to call and can describe their emergency plan.		
Knows they can participate in all health care discussions.		
Is aware of their rights and responsibilities to information; to privacy; and to participate in decision-making and consent.		

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Health Professional Contact List

Health Professional/Service	Name/Contact Details	Referred Date/By Whom
Youth Health Nurse Specialist		
Lead Clinician		
Primary Care Nurse		
Social Worker		
Dietician		
Mental Health Worker / Counsellor		
Physiotherapist		
Occupational Therapist		
Cultural support		
NHS Teacher		
CCF Support Worker		
CANTEEN Support Worker		
Shared Care Team		
GP		
Community Nurse		
Pharmacist		
Other Support Agencies		

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