

# Adolescent and Young Adult (AYA) Cancer Care Education Checklist

Name of AYA Keyworker/ Champion responsible for completion of the checklist:

\_\_\_\_\_

Surname: \_\_\_\_\_ NHI \_\_\_\_\_

DOB: \_\_\_\_\_ SEX \_\_\_\_\_



The young person.....	Comments	KEY
Is able to describe their cancer diagnosis in their own words		<input type="checkbox"/>
Is able to describe in their own words their protocol/ treatment plan		<input type="checkbox"/>
Is able to describe tests and procedures and reasons for them		<input type="checkbox"/>
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		<input type="checkbox"/>

The young person.....	Comments	KEY
Is able to describe their chemotherapy/ radiotherapy side effects and management of these.		
<b>Bone Marrow Suppression</b>		<input type="checkbox"/>
<b>Nausea and Vomiting</b>		<input type="checkbox"/>
<b>Hair Loss</b>		<input type="checkbox"/>
<b>Constipation / Diarrhoea</b>		<input type="checkbox"/>
<b>Infection</b>		<input type="checkbox"/>
<b>Fatigue</b>		<input type="checkbox"/>

The young person.....	Comments	KEY
<b>Mouth Problems</b>		<input type="checkbox"/>
<b>Urinary Problems</b>		<input type="checkbox"/>
<b>Nutrition / Food Safety</b>		<input type="checkbox"/>
<b>Weight Loss</b>		<input type="checkbox"/>
<b>Weight Gain</b>		<input type="checkbox"/>
<b>Pain</b>		<input type="checkbox"/>
Has chosen a method to record/ remember to take their medications		<input type="checkbox"/>

The young person.....	Comments	KEY
Is able to describe steps to care for their line.		<input type="checkbox"/>
Is able to name and describe the role of their main health care providers.		<input type="checkbox"/>
Is able to describe symptoms of unwellness, has a plan for whom to call and can describe their emergency plan.		<input type="checkbox"/>
Knows they can participate in all health care discussions.		<input type="checkbox"/>
Is aware of their rights and responsibilities to information; to privacy; and to participate in decision-making and consent.		<input type="checkbox"/>