

Adolescent and Young Adult (AYA) Cancer New Diagnosis Checklist

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

Surname: _____ NHI _____

DOB: _____ SEX _____

KEY:



Occurred



Did not Occur



Not applicable to this patient



Blank: Unknown

KEY	Initial Assessment Checklist - Management Plan	Suggested tools, materials and resources
<input type="checkbox"/>	<p>TIMELINESS TO TREATMENT</p> <p>The diagnosis and treatment pathway for the AYA is being monitored for timeliness</p> <p>High suspicion of cancer referral date:</p> <p>First management/ treatment date:</p> <p>Number of days:</p> <p>Notes:</p>	Standard 4.2 (AYA SOC) - First cancer treatment or other management has occurred within 42 days of a referral for high suspicion of cancer
<input type="checkbox"/>	<p>AYA CANCER SERVICE AND KEYWORKER REFERRAL</p> <p>The regional AYA Cancer Keyworker has been notified of the young person</p> <p>Date of notification to the keyworker:</p> <p>Source of notification (NZCR, MDM referral):</p> <p>Date of first contact:</p> <p>Keyworker name:</p> <p><input type="checkbox"/></p> <p>AYA Cancer Network consent form completed</p> <p>Notes:</p>	
<input type="checkbox"/>	<p>REFERRAL TO THE RIGHT EXPERTISE</p> <p>AYA has been presented at a tumour specific MDT meeting or reviewed by a tumour expert</p> <p>Date:</p> <p>MDM Meeting: _____ or expert: _____ (Speciality): (name):</p> <p><input type="checkbox"/></p> <p>Treatment plan reviewed to ensure it follows a nationally endorsed AYA cancer protocol/ guideline i.e. (AYA ALL protocol pathway)</p>	A list of national AYA cancer tumour experts can be found on the AYA Cancer Network website

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<input type="checkbox"/>	<p>Relevant, developmental considerations have been factored in when deciding on place of treatment i.e. child vs adult health</p> <p>Notes:</p>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>CLINICAL TRIAL/ RESEARCH</p> <p>AYA screen for eligibility for any available clinical trials in NZ</p> <p>Name of clinical trial eligible for:</p> <p>Patient enrolled yes/ no:</p> <p>Reason if not enrolled for a study they were eligible for:</p> <p>_____</p> <p>_____</p> <p>Offered the opportunity to participate in a tumour biology study</p> <p>Name of study:</p> <p>Offered the opportunity for tissue banking</p> <p>Date of tissue banking:</p> <p>Offered the opportunity to participate in a non-therapeutic study</p> <p>Name of therapeutic study/ studies enrolled on:</p> <p>Notes:</p>	<p>A list with contact details of clinical research managers can be found on the AYA Cancer Network website</p>
<input type="checkbox"/>	<p>FERTILITY PRESERVATION</p> <p>Fertility assessment and preservation checklist/ pathway has been implemented</p> <p>Notes:</p>	<p>AYA Cancer and Fertility - Before, During and After Treatment brochure provided <input type="checkbox"/></p>

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<input data-bbox="193 311 285 383" type="checkbox"/> <input data-bbox="193 461 285 533" type="checkbox"/> <input data-bbox="193 566 285 638" type="checkbox"/> <input data-bbox="193 792 285 864" type="checkbox"/>	<p>TREATMENT PLAN</p> <p>AYA has received a written copy of their treatment plan</p> <p>Date plan provided:</p> <p>AYA has received disease-specific, age-appropriate cancer education</p> <p>The clinical lead responsible for co-ordinating and overseeing the clinical management of an AYA's care across specialities and regions identified</p> <p>Name:</p> <p>A plan to minimise procedural distress has been made with the young person Location of documented plan:</p> <p>Notes:</p>	<p>Guidance and templates for treatment plans can be found on the AYA Cancer Network website</p> <p>AYA cancer education checklist completed <input data-bbox="1362 456 1406 495" type="checkbox"/></p> <p>AYA sedation guidelines can be found on the AYA cancer network</p>
<input data-bbox="193 1330 285 1402" type="checkbox"/>	<p>COMPLEMENTARY MEDICINE</p> <p>The topic of complementary medicine has been raised and if appropriate AYA is offered access to reputable information</p> <p>Notes:</p>	<p>List of reputable complementary therapy services and resources can be found on the AYA cancer network website</p>
<input data-bbox="193 1711 285 1783" type="checkbox"/>	<p>PALLIATIVE CARE</p> <p>For AYAs where curative treatment cannot be offered OR an AYA has a guarded prognosis, a palliative care input/review has been sought by the treating team</p> <p>Date advice sought:</p> <p>Notes:</p>	

KEY	Developmentally Appropriate Care	Suggested tools, materials and resources
<input data-bbox="183 297 277 369" type="checkbox"/> <input data-bbox="183 510 277 582" type="checkbox"/> <input data-bbox="183 629 277 701" type="checkbox"/> <input data-bbox="183 730 277 801" type="checkbox"/>	<p>PSYCHOSOCIAL ASSESSMENT AND CARE PLAN</p> <p>The HEEADSSSS psychosocial assessment/ care plan has been completed within 10 days of diagnosis</p> <p>Date of assessment completed:</p> <p>Level of need identified:</p> <p>AYA informed of their right to privacy, confidentiality and involvement in decision-making related to their care</p> <p>AYA informed of available psychological supports and services - early referral is encouraged</p> <p>AYA and whānau have been asked about their spiritual and cultural needs; guidance to appropriate services and supports facilitated where applicable</p> <p>Notes:</p>	
<input data-bbox="183 1296 277 1368" type="checkbox"/> <input data-bbox="183 1415 277 1487" type="checkbox"/> <input data-bbox="183 1576 277 1648" type="checkbox"/>	<p>EDUCATION, TRAINING AND WORK</p> <p>Assistance with realistic educational/vocational goal-setting while undergoing treatment</p> <p>Engagement with the young person's employer/training provider is facilitated to ensure awareness and understanding of their diagnosis and on-going attendance</p> <p>Hospital school referral completed if applicable</p> <p>Notes:</p>	
<input data-bbox="183 1865 277 1937" type="checkbox"/>	<p>SEXUAL HEALTH</p> <p>AYA understands risks of sexual behaviours while undergoing treatment; contraception, STIs and pregnancy</p> <p>Notes:</p>	<p>AYA Cancer Network 'Young people, cancer and sex' brochure provided <input data-bbox="1369 1877 1414 1921" type="checkbox"/></p>

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<input type="checkbox"/> <input type="checkbox"/>	<p>SUBSTANCE USE</p> <p>AYA understands the impact of smoking, drugs and alcohol on their cancer management</p> <p>Assistance with cessation provided if required</p> <p>Notes:</p>																									
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>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>Entitlement to and the process for Wig/Headwear allowance outlined</p> <p>Information on Look Good Feel Better programme outlined</p> <p>Referral completed if appropriate</p> <p>Notes:</p>	<p>AYA Cancer Network 'Cancer treatment and hair loss' brochure and information pack provided <input type="checkbox"/></p>																								
<input type="checkbox"/>	<p>SOCIAL SUPPORTS</p> <p>AYA and whānau are aware of the following organisations and referrals facilitated as appropriate dates of referrals</p> <table border="1" data-bbox="312 1525 1000 1832"> <thead> <tr> <th>NGO</th> <th>Informed</th> <th>Referred</th> </tr> </thead> <tbody> <tr> <td>CanTeen</td> <td></td> <td></td> </tr> <tr> <td>Leukaemia and Blood Cancer New Zealand</td> <td></td> <td></td> </tr> <tr> <td>Child Cancer Foundation</td> <td></td> <td></td> </tr> <tr> <td>Cancer Society</td> <td></td> <td></td> </tr> <tr> <td>Make a Wish (for AYAs <18 years of age)</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </tbody> </table> <p>Notes:</p>	NGO	Informed	Referred	CanTeen			Leukaemia and Blood Cancer New Zealand			Child Cancer Foundation			Cancer Society			Make a Wish (for AYAs <18 years of age)			Other			Other			
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KEY	Caring for whānau, partners and significant others	Suggested tools, materials and resources
<input data-bbox="180 293 274 365" type="checkbox"/>	<p>IDENTIFYING WHĀNAU AND SIGNIFICANT OTHERS</p> <p>Identify those who the AYA considers to provide the most significant support</p> <p><small>(This may not always include people related to them; such people may offer equal or greater support to relations)</small></p> <p>Notes:</p>	
<input data-bbox="180 712 274 784" type="checkbox"/> <input data-bbox="180 947 274 1019" type="checkbox"/> <input data-bbox="180 1070 274 1142" type="checkbox"/> <input data-bbox="180 1193 274 1265" type="checkbox"/>	<p>PRACTICAL AND EMOTIONAL NEEDS OF WIDER WHĀNAU AND SIGNIFICANT OTHERS CONSIDERED</p> <p>The specific needs of the AYAs whānau are identified in relation to;</p> <p>Transport <input data-bbox="632 792 662 824" type="checkbox"/></p> <p>Accommodation <input data-bbox="632 826 662 857" type="checkbox"/></p> <p>Employment <input data-bbox="632 860 662 891" type="checkbox"/></p> <p>Childcare commitments <input data-bbox="632 893 662 925" type="checkbox"/></p> <p>Support and information is provided to help address any barriers i.e. advocacy to employers for flexible working arrangements, flexible clinic appointments</p> <p>Whānau are provided with information regarding their rights to government benefits/ entitlements and assistance from NGOs and community agencies</p> <p>Whānau are informed of available NGO providers and support services</p> <p>Notes:</p>	
<input data-bbox="180 1794 274 1865" type="checkbox"/>	<p>WHĀNAU INVOLVEMENT</p> <p>A plan is made in partnership with AYA and their whānau for on-going involvement in the care AYA receive and decision-making</p> <p>Notes:</p>	

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<input data-bbox="189 315 284 387" type="checkbox"/> <input data-bbox="189 461 284 533" type="checkbox"/>	<p>CULTURAL CONSIDERATIONS</p> <p>Cultural considerations are identified; whānau are proactively linked with culturally responsive and supportive services (consideration of Māori, Pacific and new migrant groups)</p> <p>Where appropriate, interpreters and translated materials have been provided</p> <p>Services linked to:</p> <p>Notes:</p>	

Additional Comments:

Checklist completed on:

Date:

AYA Champion/Keyworker Signature: