

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>	<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</p>
<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>	
<input type="checkbox"/>	<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>A list of national AYA cancer tumour experts can be found on the AYA Cancer Network website</p>
<input type="checkbox"/>	<p>Treatment plan reviewed to ensure it follows a nationally endorsed AYA cancer protocol/ guideline i.e. (AYA ALL protocol pathway)</p>	

KEY	Developmentally Appropriate Care	Suggested tools, materials and resources
	<p>PSYCHOSOCIAL ASSESSMENT AND CARE PLAN</p> <p><input type="checkbox"/> The HEEADSSS 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><input type="checkbox"/> AYA informed of their right to privacy, confidentiality and involvement in decision-making related to their care</p> <p><input type="checkbox"/> AYA informed of available psychological supports and services - early referral is encouraged</p> <p><input type="checkbox"/> 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>	
	<p>EDUCATION, TRAINING AND WORK</p> <p><input type="checkbox"/> Assistance with realistic educational/vocational goal-setting while undergoing treatment</p> <p><input type="checkbox"/> 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><input type="checkbox"/> Hospital school referral completed if applicable</p> <p>Notes:</p>	
	<p>SEXUAL HEALTH</p> <p><input type="checkbox"/> 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 type="checkbox"/></p>

KEY	Developmentally Appropriate Care	Suggested tools, materials and resources																								
<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="311 1523 997 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="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: