



Chart Audit Tool to Measure Nurses' Use of COSTaRS Symptom Practice Guides for Remote Support of Patients Undergoing Cancer Treatments

Date of data collection: ____ (d) ____ (m) ____ (y)

Site: _____

Date of remote support encounter: ____ (d) ____ (m) ____ (y)

Initials of data extractor: _____

1. Characteristics of the patient	Current treatment: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Other: _____	Length of time on treatment: _____																						
	Year of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																						
2. Characteristics of the nurse	<input type="checkbox"/> Novice (less than 2 years' experience) <input type="checkbox"/> Expert (more than 2 years' experience)																							
Case included for data collection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exclusion reason: _____																						
<i>If case is included proceed with data collection below.</i>																								
3. Characteristics of Remote Support																								
Symptom(s): <input type="checkbox"/> Anxiety <input type="checkbox"/> Bleeding <input type="checkbox"/> Breathlessness/ Dyspnea <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue/ Tiredness	<input type="checkbox"/> Febrile Neutropenia <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Mouth Sores/ Stomatitis <input type="checkbox"/> Nausea & Vomiting <input type="checkbox"/> Peripheral Neuropathy <input type="checkbox"/> Skin Reaction <input type="checkbox"/> Other: _____	<table border="1"> <thead> <tr> <th colspan="3">Sections of Practice Guide(s) Used:</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A*</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>1. Assess severity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>2. Triage patient for symptom management based on highest severity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3. Review medications patient is using</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4. Review self-care strategies</td> </tr> </tbody> </table> <p>*Sections 3 and 4 are not applicable if patient was assessed as severe and referred for immediate medical attention</p>	Sections of Practice Guide(s) Used:			Yes	No	N/A*	<input type="checkbox"/>	<input type="checkbox"/>		1. Assess severity	<input type="checkbox"/>	<input type="checkbox"/>		2. Triage patient for symptom management based on highest severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Review medications patient is using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Review self-care strategies
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4. Plan at end of the remote support:																								
<input type="checkbox"/> No change, patient agreed to continue with self-care strategies and if appropriate, medication use <input type="checkbox"/> Patient agreed to try self-care items #: _____ <input type="checkbox"/> Confidence of patient to try what was agreed to do (0=not confident, 10=very confident) _____ <input type="checkbox"/> Patient agreed to use medication to be consistent with prescribed regimen <input type="checkbox"/> Referral (service & date): _____ <input type="checkbox"/> Patient agreed to seek medical attention; specify time frame: _____ <input type="checkbox"/> Patient advised to call back in _____ hours if no improvement, symptom worsens, or new symptoms occur <input type="checkbox"/> Section 5 of symptom practice guide not completed																								
5. Outcomes:																								
Symptom resolved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/Unable to Assess																							
Health service use	<input type="checkbox"/> Prescription <input type="checkbox"/> Emergency visit <input type="checkbox"/> Hospital admission <input type="checkbox"/> Death <input type="checkbox"/> Other (specify): _____																							
Appropriateness of Plan (section #4 above)	<input type="checkbox"/> Appropriate <input type="checkbox"/> Not appropriate																							

Comments: