

Hospital at Home (HaH) Caregivers:

Oncology Tip Sheet

Today is Day _____ after Chemotherapy

Do you have any new symptoms or concerns since you were last seen?

Do you have:

Fevers/Chills?

- Are you taking your temperature at least twice daily?
- Are you keeping a record?

Nausea and/or vomiting?

- If Yes, how many times in the past 24 hours?
- Are you able to eat/drink?
If yes, how much fluid have you had in last 24 hours (2L/day goal)
- Are you eating 3 meals/day?
- Are you able to take your meds?
- Are you taking anti-nausea meds? And does it help?

Diarrhea?

- If Yes, how many episodes in last 24 hours?
- Is it watery or is there consistency to it?
- Is it large volume?
- Are you taking anti-diarrhea meds? And does it help?

Dizziness?

- New or ongoing **Pain?**
- Shortness of Breath?**
- Chest Pain?**
- Headache?**

What is your activity level?

Do you get out of bed and walk around your home?



**Mount
Sinai
Hospital**