#### SYMPTOM MANAGEMENT

# Who to call at the Hudson Regional Cancer Centre

For general questions, to change/cancel appointments: 705-728-9090 x43333

To get help with your symptoms:

Symptom Support Telephone Service



During the day: Cancer Centre Symptom Support 705-728-9090 x79565

Evenings, weekends and holidays: Bayshore CAREchart 1-877-681-3057

Please visit <u>www.rvh.on.ca</u> for the latest information and hours of operation.

Hudson Regional Cancer Centre 201 Georgian Drive Barrie, ON L4M 6M2 Phone: 705-728-9090 x43333 www.rvh.on.ca

Last Updated July 2021

## **My Health Diary**

For patients undergoing cancer treatment

Track your symptoms, bloodwork, lab results and medications.



Please bring this <u>each time</u> you visit the Cancer Centre. Show your Care Team this book. This diary can track 4 weeks of information. **Get more copies at** <u>www.rvh.on.ca</u>, or in the Cancer Centre waiting areas.

Hudson Regional Cancer Program North Simcoe Muskoka Royal Victoria Royal Victoria Regional Health Centre

### **My Medications**

By keeping track of all the types of medications you take, we can check:

- That you are taking the right type of medications for your health
- If one drug reacts with another in an unwanted way (called drug-drug interactions)
- That everyone is clear about the medications that you should and should not be taking

Be sure to let your doctor/nurse/

pharmacist know if this list changes.



#### **Prescription Medications**

These are medications that you need a prescription (or doctor's note) to take.

Medicine name:
What is it for?
How much do I take?
How often?
Medicine name:
What is it for?
How much do I take?
How often?
Medicine name:
What is it for?
How much do I take?
How often?

What did you do to	What day did the sign/symptom happen?						
What did you do to help?	MON	TUE	WED	THU	FRI	SAT	SUN
				• 4			

Call 705-728-9090 x79565 or visit www.rvh.on.ca

Date: Chemo cycle number:				
lf you have:	Describe the sign and symptom			
Pain	Rate from 0 to 10 0 = no pain to 10 = worst pain you've ever had			
Tiredness	Rate from 0 to 10 0 = not tired at all to 10 = worst tiredness you've had			
Sleep	Write NO on the days you did not sleep at night.			
Nausea	Rate from 0 to 10 0 = not nauseous at all to 10 = worst nausea you've had			
Vomiting	Write the number of times you vomited that day.			
Loss of appetite	Rate from 0 to 10 0 = normal (good appetite) to 10 = no appetite at all			
Diarrhea	Write the number of times you had a bowel movement (poo) that day.			
Constipation	Write NO on the days you did <b>not</b> have a bowel movement (poo).			
Temperature	If temperature above 38.3°C (or 100.9°F) OR Above 38.0°C or 100.4°F for at least one hour. GO TO NEAREST EMERGENCY. BRING FEVER CARD.			
Numbness (feet/hands)	Write YES on the days you have numbness in your feet/ hands.			
Skin/nail problems	Write YES on the days you have skin or nail changes.			
Sore throat/ mouth	Write YES on the days you have a sore throat/mouth.			
Emotional Well being	Use OB Or a 0-10 scale to rate your well-being.			
Need help with your symptoms?				

Medicine name:
What is it for?
How much do I take?
How often?
Medicine name:
What is it for?
How much do I take?
How often?
Medicine name:
What is it for?
How much do I take?
How often?
Medicine name:
What is it for?
How much do I take?
How often?
Medicine name:
What is it for?
How much do I take?
How often?
Medicine name:
What is it for?
How much do I take?
How often?

Flip over to continue...

Need help with your symptoms?

#### **Over-the-counter medications**

These are medications that you can buy at a drug store without a doctor's note. For example: painkillers, antacids, allergy medications.

Medicine name:	
What is it for?	
How much do I take?	
How often?	
Medicine name:	
What is it for?	
How much do I take?	
How often?	
Medicine name:	
What is it for?	
How much do I take?	
How often?	
Medicine name:	
What is it for?	
How much do I take?	
How often?	
Medicine name:	
What is it for?	
How much do I take?	
How often?	

What did you do to	What	day d	id the s	sign/sy	mpton	n happ	en?
What did you do to help?	MON	TUE	WED	THU	FRI	SAT	SUN

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Emotional Well being	Use OOO or a 0-10 scale to rate your well-being.			
Need help with your symptoms?				

#### Vitamins, supplements and natural remedies

Medicine name:	
What is it for?	
How much do I take?	
How often?	
Medicine name:	
What is it for?	
How much do I take?	
How often?	
Medicine name:	
What is it for?	
How much do I take?	
How often?	
Medicine name:	
What is it for?	
How much do I take?	
How often?	

Are you thinking of or taking vitamins, supplements and natural remedies but are not sure if it's safe to take with your cancer drugs?

Talk to your nurse or doctor. Dietitians at the Hudson Regional Cancer Centre are also here to help! Call 705-

728-9090 x43520 for an appointment.



### My Bloodwork

Your doctor may decide that you need regular blood tests. Write in the date of each blood test and your blood counts.

Date	Hemoglobin (g/L)	Platelets (10 <sup>9</sup> /L)	White Cells (10 <sup>9</sup> /L)	Neutrophils (10 <sup>9</sup> /L)	Transfusions (No. of units)

What did you do to	What	What day did the sign/symptom happen?						
What did you do to help?	MON	TUE	WED	THU	FRI	SAT	SUN	

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Need help with your symptoms?					

For more copies of this page, go to <u>www.rvh.on.ca</u>, Type "My Bloodwork" in the search bar.

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