

# Present Help



COMPASSIONATE GUIDANCE  
*Between Oncology Visits*  
SUPPORT • NAVIGATION • CLARITY • HOPE

## CHEMO TREATMENT DAY

### My preparation and recovery checklist

#### A little planning can make treatment day feel more manageable.

Use this checklist with the instructions from your oncology team. Treatment plans differ, so your team's advice always comes first.

### 01 My treatment details

Treatment date: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Clinic/location: \_\_\_\_\_

Ride/support person: \_\_\_\_\_

### 02 The day before

- ☐ **Confirm the time and location.** Check parking, transit, or volunteer-driver arrangements.
- ☐ **Confirm the visitor policy.** Ask whether a support person may stay with you.
- ☐ **Plan transportation home.** For a first treatment, arrange a driver unless your cancer team says otherwise.
- ☐ **Choose comfortable layers.** Wear clothing that allows easy access to your arm, port, or PICC.
- ☐ **Review your medications.** Know which usual medicines and prescribed premedications to take or hold.
- ☐ **Charge your phone and pack your bag.**

### 03 Pack for the clinic

- |                                                              |                                                                        |
|--------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Identification and health card      | <input type="checkbox"/> Treatment schedule or appointment information |
| <input type="checkbox"/> Current medication and allergy list | <input type="checkbox"/> Prescribed anti-nausea medicines              |
| <input type="checkbox"/> PICC or port information card       | <input type="checkbox"/> Cancer-clinic contact information             |
| <input type="checkbox"/> Water bottle                        | <input type="checkbox"/> Small snacks if permitted by your clinic      |
| <input type="checkbox"/> Phone, headphones, and charger      | <input type="checkbox"/> Book, puzzle, or another quiet activity       |
| <input type="checkbox"/> Lip balm and unscented lotion       | <input type="checkbox"/> Small blanket, shawl, or soft socks           |

## 04 During the infusion

- ☐ Tell your nurse about any new symptom right away. Do not wait to see if it passes.
- ☐ Report pain, burning, redness, leaking, or swelling at the IV, port, or PICC site.
- ☐ Report nausea or discomfort at the first sign.
- ☐ Ask for help before walking if you feel weak, dizzy, or unsteady.
- ☐ Ask your questions. Use the space below so the important ones are not forgotten.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## 05 Before I leave the clinic

- ☐ I know what side effects may occur and when they may begin.
- ☐ I know how and when to take my anti-nausea and other supportive medicines.
- ☐ I know which symptoms require an urgent call.
- ☐ I have the daytime and after-hours cancer-team numbers.
- ☐ I know the date of my next appointment and any required bloodwork.

## 06 My first 48 hours at home

- ☐ Follow the medication schedule provided by my cancer team.
- ☐ Sip fluids regularly, unless I have been told to limit fluids.
- ☐ Eat small, manageable meals or snacks as tolerated.
- ☐ Balance rest with gentle activity, as I am able.
- ☐ Keep a working oral digital thermometer nearby.
- ☐ Write down symptoms, temperatures, and medicines taken.
- ☐ If I live alone, arrange a check-in and keep an emergency go-bag ready.

### CALL YOUR CANCER TEAM RIGHT AWAY

- Temperature of 38.0°C (100.4°F) or higher - do not wait. Follow your team's specific fever instructions.
- Chills or shaking; uncontrolled vomiting or diarrhea; or inability to keep fluids down.
- New shortness of breath, chest pain, facial swelling, confusion, fainting, or a severe headache.
- New pain, redness, swelling, leaking, or drainage at an IV, port, or PICC site.

If symptoms are severe, call 911 or go to the nearest emergency department. Tell staff you are receiving cancer treatment. Do not take acetaminophen (Tylenol) or another fever-reducer before speaking with your cancer team unless they have specifically instructed you to do so.

## 07 My important numbers

Cancer clinic - daytime:

\_\_\_\_\_

After-hours number:

\_\_\_\_\_

Pharmacy:

\_\_\_\_\_

Support person:

\_\_\_\_\_

### Prepare. Ask. Understand.

For personalized oncology education and support: PresentHelp.ca