

CHEMOTHERAPY OBSERVATION CHART

Cycle No: _____

Patient Name: _____

Start Date: _____

Drug/Protocol: _____

DATE / DAY	SIDE EFFECT	SEVERITY (1-5)	TIME NOTED	NOTES / ACTIONS TAKEN
	Nausea / Vomiting			
	Fatigue Level			
	Appetite / Diet			
	Pain / Neuropathy			
	Fever / Temp			
	Mouth Sores			
	Other: _____			

Severity Scale: 1: Mild (Noticeable) | 2: Moderate (Annoying) | 3: Interferes with activity | 4: Severe (Disabling) | 5: Emergency (Seek immediate help)

WEEKLY SUMMARY & CLINICIAN NOTES:

Contact Oncology Triage immediately if temperature exceeds 100.4F (38C) or for Grade 4/5 symptoms.