caring village

Cancer Care Plan Worksheet

A family coordination companion. Have the oncology team finalize all clinical instructions.

Person receiving care: _____ **Plan updated:** _____

CARE TEAM AND EMERGENCY CONTACTS

Oncology practice: _____

After-hours number: _____

Pharmacy: _____

Emergency contact: _____

WRITTEN EMERGENCY INSTRUCTIONS

Call 911 for symptoms the oncology team identifies as emergencies. Do not wait for a callback or drive yourself when emergency services are needed.

Other written instructions: _____

TREATMENT, APPOINTMENTS, AND TRANSPORT

DATE / TIME	VISIT OR TREATMENT	LOCATION / CONTACT	RIDE / OWNER

MEDICINES AND SYMPTOM INSTRUCTIONS

MEDICINE	AS PRESCRIBED	OWNER / REFILL	WHEN TO CALL

Attach or quote written after-visit instructions. Record the date and source. Do not reconstruct instructions from memory.

SYMPTOMS AND DAILY NOTES

Example only. Do not copy clinical instructions into a real plan.

Symptom / change: _____

Time observed: _____

Action from written plan: _____

Who was contacted: _____

Outcome / follow-up: _____

TASKS, OWNER, AND BACKUP

TASK	OWNER	BACKUP

Change log / handoff note: _____