

MASCC TEACHING TOOL FOR PATIENTS RECEIVING ORAL AGENTS FOR CANCER - MOATT®

This teaching tool has been prepared to assist healthcare providers in the assessment and education of patients receiving oral agents as treatment for their cancer. The goal is to ensure that patients know and understand their treatment and the importance of taking the pills or tablets as prescribed. Family members and other healthcare providers can be involved in this process.

Any of the following can affect adherence to treatment with oral agents (pills or tablets) for cancer.

- PATIENT CHARACTERISTICS
- DRUGS (PILLS OR TABLETS)
- DISEASE CHARACTERISTICS
- TREATMENT PLAN

Key Assessment Questions assess the patient's knowledge of the treatment plan, current medications, and ability to obtain and take an oral agent for cancer.

Patient Education applies to all oral agents for cancer and includes such topics as storage, handling, disposal, identifying a system for remembering to take the drug, and what to do in various situations, such as a missed dose.

Drug-Specific Information for the patient reviews questions such as dose and schedule, side effects, and potential interactions.

Evaluation contains questions to ask the patient to ascertain understanding of the information provided.

DRUG-SPECIFIC EDUCATION

The following information contains resources for more information about specific medications.
* *Refer to drug-specific information to educate the patient on his/her pills or tablets.*

Resources

Product package insert or prescribing information
Drugs.com
MedlinePlus
AHFS Drug Information
FDA Index to Drug-Specific Information
Micromedex
Natural Medicines Comprehensive Database
Add other appropriate resources.

Whichever tool is used to educate the patient, include the drug-specific information. Complete the form provided here and give it to the patient using reference material you have on the specific pills or tablets.



Use of the MOATT requires written approval from MASCC.
For more information on the MOATT or obtaining permission, visit the MASCC website.

<http://www.mascc.org/MOATT>

DRUG-SPECIFIC INFORMATION

Date: _____

Drug name (*generic and trade*): _____

What does the drug look like? _____

Dose & How many different pills? _____

Schedule: How many times a day? _____

For how long? _____

Where the drug should be stored? **Be specific, for example, away from heat (not in the kitchen), humidity (not in the bathroom), and sun (not on the window sill).*

What are potential side effects & how can they be managed?

** Include lab evaluations or any medical tests that will be used for drug monitoring.*

Are there any precautions? _____

Are there any drug or food interactions? _____

When and whom should one call with questions?

Give names and phone numbers here.

Cut along this dotted line and give to the patient

PATIENT EDUCATION

Generic Education for All Oral Drugs

Discuss the following items with the patient, family members and caregiver.

1. Inform any other doctors, dentists, and healthcare providers that you are taking pills or tablets for your cancer.
2. Keep the pills or tablets away from children and pets and in a childproof container.
3. Keep the pills or tablets in the original container, unless otherwise directed. It could be dangerous to mix them with other pills.
4. Wash your hands before and after handling the pills or tablets.
5. Do not crush, chew, cut or disrupt your pills or tablets unless directed otherwise.
6. Store your pills or tablets away from heat, sunlight, and moisture. These can break down the pills or tablets and make them less effective.
7. Have a system to make sure you take your pills or tablets correctly. ** Give the patient some ideas, such as using a timer, clock, or calendar.*
8. Make sure you have directions about what to do if you miss a dose.
9. If you accidentally take too many pills, or if someone else takes your pills or tablets, contact your doctor or nurse immediately.
10. Ask your nurse or pharmacist what you should do with any pills or tablets you have not taken or any that have passed their "use by" date. ** The patient can be asked to bring unused pills or tablets back to the next visit.*
11. Carry with you a list of medicines that you are taking, including your cancer pills or tablets.
12. Let us know if you have a problem with getting your pills or paying for them.
13. Be sure to get your refills ahead of time, and plan for travel and weekends.

Cut along this dotted line and give to the patient

KEY ASSESSMENT QUESTIONS

Special considerations when assessing patients receiving oral agents for cancer:

When teaching the patient, you may need to adapt your teaching to accommodate special considerations, such as age, a feeding tube, vision problems including color blindness, dietary issues, or mental health problems (dementia, depression, cognitive impairments).

** Recommended information to assess is noted in italics.*

1. What have you been told about this treatment plan with oral medications?
** Verify that the patient knows that these oral agents are for cancer and are taken by mouth.*
2. What other medications or pills do you take by mouth?
** If you have a list of medicines, go over the list with the patient.*
** If you do not have a list, ask the patient what medicines he/she is taking (both prescription and nonprescription), as well as herbal and dietary supplements, complementary therapies, and other treatments.*
3. Are you able to swallow pills or tablets? If no, explain.
4. Are you able to read the drug label and provided information?
5. Are you able to open your medicine bottles or packages?
6. Have you taken other pills for your cancer?
** Find out if there were any problems taking the medications or any adverse drug effects.*
7. Are you experiencing any symptoms, for example nausea or vomiting, that would affect your ability to keep down the pills or tablets?
8. How will you fill your prescription?
** Delays in obtaining the pills may affect when the oral drugs are started.*
9. Have you had any problems with your insurance that have interfered with obtaining your medications?

EVALUATION

Ask the patient and/or caregiver to answer the following questions to ensure that they understand the information you have given them.

Date:

Name:

You have received a lot of information today.
Let's review key points.

What is/are the name(s) of your cancer pills or tablets?

When will you take your cancer pills or tablets?

Does it matter if you take your pills or tablets with food?

Where do you plan to keep your pills or tablets?

When should you call the doctor or nurse?

Do you have any other questions?

When is your next appointment?

For problems, contact: