

UM Upper Chesapeake Health

PATIENT CHEMOTHERAPY ACKNOWLEDGMENT AND CONSENT

I have received a copy of Chemotherapy Risks and had the opportunity to talk with my physician/provider about the benefits, potential outcomes, and likelihood of achieving the goals of the planned therapy; risks and possible complications; alternatives to the treatment, including the risks and benefits associated with no treatment; and, possible problems that may occur during my recuperation. I have been thoroughly informed, had all of my questions answered and consent to the following:

I understand that my diagnosis is: _____

I have consented to the following chemotherapy treatment regimens under the supervision of _____

Chemotherapy Regimen: _____

Duration of Treatment and/or Number of Cycles: _____

If you have any issues or questions, please ask your physician/provider before you sign this form.

Patient or *Authorized Representative Date Time

Relationship to Patient

Witness Date Time

* Patient is unable to sign, due to: _____

IMPORTANT INFORMATION FOR WOMEN OF CHILDBEARING AGE:

To the best of my knowledge I confirm that I am not currently pregnant
I understand that pregnancy **MUST** be avoided throughout the entire course of my chemotherapy
I agree to take precautions to avoid becoming pregnant during the course of my treatment

Signature of Patient Date Time

PROVIDER CERTIFICATION

I certify that a discussion about the details listed above have been explained to the patient, or their surrogate decision maker, by a provider performing the treatment and an informed consent obtained.

Signature of Provider Date Time

Dictation ID #, Printed Name or Stamp

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CHEMOTHERAPY RISKS

This sheet explains some important general information about chemotherapy which you should read before giving your consent to have any treatment. Your medical oncologist will give you more detailed information regarding your specific chemotherapy regimen.

MEDICAL TERMINOLOGY: Your physician/practitioner can and will explain your proposed treatment using terms which you can understand. Sometimes s/he may use medical terms that are not common words. If you have any questions about what any words may have meant or anything else about the treatment you should ask your physician/provider to explain them until you fully understand the planned treatment.

RISKS OF CHEMOTHERAPY: The administration of chemotherapy can carry certain risks, including failure to obtain the desired result, discomfort, injury, the need for additional therapy, bleeding, infection and in rare instances, death. You should discuss these risks, possible complications, and any alternatives to the procedure with your medical oncologist.

Possible side effects of these drugs include one of the following or a combination of the following:

- ❖ Allergic-like reaction
- ❖ Anemia causing weakness
- ❖ Brief periods of forgetfulness
- ❖ Constipation
- ❖ Diarrhea
- ❖ Dizziness
- ❖ Hair loss
- ❖ Heart damage
- ❖ Kidney damage
- ❖ Loss of appetite
- ❖ Low platelet count increasing the risk of bleeding
- ❖ Low white count increasing the risk of infection
- ❖ Lung damage
- ❖ Menopausal symptoms
- ❖ Menstrual irregularities
- ❖ Mouth sores
- ❖ Nausea and vomiting
- ❖ Numbness or tingling of fingers and/or toes
- ❖ Liver damage
- ❖ Life-threatening complications
- ❖ Skin and nail darkening
- ❖ Skin irritation due to leakage
- ❖ Skin/sunlight sensitivity
- ❖ Skin rash
- ❖ Sterility
- ❖ Visual changes
- ❖ Weight gain or loss
- ❖ Other: _____

UNANTICIPATED CONDITIONS: During the course of your cancer treatment certain conditions may be encountered other than those anticipated before the treatment was started. Your medical oncologist may be required to reduce the dose of some or all of the drugs, delay the administration of some or all of the drugs, add or delete drugs from the planned regimen because of these unanticipated findings.

BLOOD TRANSFUSIONS: Some chemotherapy drugs may interfere with the production of red blood cells. This decrease production of red blood cells may make it necessary to administer red blood cells or clotting factors. Your medical oncologist will use his/her best judgment to make this decision. All blood products used by UCH are obtained from volunteer donors and are thoroughly tested. Nevertheless, serious reactions, although rare, do occur. These may include fever, allergic reactions, infections (including HIV and Hepatitis), fluid overload, and reduced clotting ability.

NO GUARANTEES: The practice of medicine is not an exact science and results cannot always be anticipated. No guarantees can be made to you concerning the course, duration or results of your chemotherapy treatment by your medical oncologist or anyone else at UM-UCH.