

Checklist for Primary Care: caring for a patient post-treatment for lung cancer

Aspect of care	What to check/do
Letter from hospital	<p>Yes No</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Discharge letter from hospital should include: diagnosis, stage of disease and treatment received <input type="checkbox"/> <input type="checkbox"/> Letter should also include treatment plan going forward <input type="checkbox"/> <input type="checkbox"/> Key contact e.g. cancer nurse specialist, oncologist <input type="checkbox"/> <input type="checkbox"/> Follow-up imaging (X-ray, CT, MRI) and pathology – check who is organising and will action the results and inform the patient
History from whānau	<p>Yes No</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Check whānau understanding of diagnosis, treatment and ongoing plan <input type="checkbox"/> <input type="checkbox"/> Check on issues such as pain, worries about treatment and their side effects and the impact of cancer on their general well-being <input type="checkbox"/> <input type="checkbox"/> Encourage whānau to initiate follow-up appointments between scheduled visits in the event of symptoms <input type="checkbox"/> <input type="checkbox"/> Check on whānau view of involvement of hospice/palliative care
Medicines	<p>Yes No</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Check current medicines (adjust doses, add and discontinue as required)
Wellness	<p>Yes No</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Current smoking (if yes, follow ABC) <input type="checkbox"/> <input type="checkbox"/> Alcohol use <input type="checkbox"/> <input type="checkbox"/> Diet advice <input type="checkbox"/> <input type="checkbox"/> Exercise <input type="checkbox"/> <input type="checkbox"/> Sexual health <input type="checkbox"/> <input type="checkbox"/> Complementary therapies <input type="checkbox"/> <input type="checkbox"/> Spiritual health and wellbeing <input type="checkbox"/> <input type="checkbox"/> Annual influenza vaccination + other relevant vaccinations
Physical examination	<p>Perform:</p> <ul style="list-style-type: none"> <input type="checkbox"/> General physical examination including respiratory system, surgical sites etc.
Co-morbidities	<p>Perform:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check co-morbidities are recorded and treatment for cancer not interfering with management of co-morbidities <input type="checkbox"/> Assess need for specialist referral
Whānau involvement	<p>Perform:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check on key contact person <input type="checkbox"/> Ask about concerns within whānau about wellbeing of other members
Psychological support	<p>Perform:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for depression e.g. PHQ-9, HADS-D <input type="checkbox"/> Anxiety, e.g. GAD-7 <input type="checkbox"/> Ask about suicidal thoughts (risk is highest in the first six months following diagnosis)
Advance Care Plan	<p>Perform:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does patient have an ACP <input type="checkbox"/> Does this include power of attorney

Adapted with permission from the National Lung Cancer Working Group draft guidance document