

CANCER DISCLOSURE

INSTRUCTIONS: This form must be reviewed with and signed by the resident/resident representative/guardian. Complete upon admission, quarterly, with a significant change of resident condition and upon the request of the resident/resident representative/guardian/facility.

_____ is committed in providing Quality of Care to all residents. For each
(Facility Name)
resident to receive and for _____ to provide the necessary care and services
(Facility Name)

to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, it is necessary to build a team between the resident/resident representative/guardian, physicians and facility staff. Resident/resident representative/guardian participation in the management, treatment, interventions and approaches is an essential part of the overall care plan for the resident.

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. If not treated, cancer can result in death. This growth results in distinctive alterations of the cell and tissue patterns. The malignant cell is able to invade the surrounding tissue and regional lymph nodes. Primary cancer usually has a predictable history and pattern of spread. There are more than 100 types of cancer. Cancer affects 1 in 3 people in the U.S. There are 2 main categories of cancer: hematologic (blood) and solid tumor cancers (found in body organs and tissue).

Metastasis is the secondary growth of the primary cancer into another organ/part of the body. This is the reason that cancer cannot always be cured by surgical removal alone.

Most patients die as a result of metastasis rather than progression of the primary cancer. Metastasis begins with local invasion followed by detachment of cancer cells that spread through the lymphatics and blood vessels and eventually establish a secondary tumor in another area of the body.

***Note:** The symptoms may vary in severity. Each resident experiences symptoms differently.

CLINICAL SYMPTOMS

Warning signs of cancer that require early/immediate attention from a physician:

- Weight loss for no known reason
- Night sweats
- Fatigue, tiredness
- New pain that does not go away
- Not being hungry or eating as much
- Feeling sick to your stomach or reoccurring vomiting
- Blood in urine or BM
- Change in BM (too hard/too loose)
- Fever that keeps coming back
- Cough that doesn't go away
- Spot on skin that doesn't heal
- Change in size or color of a mole
- Lump in the breast (men and women)
- Larger than normal lymph nodes (neck or armpits)

Symptoms of wide-spread cancer includes:

- Pain
- Malnutrition/Weight loss/Dehydration
- Weakness
- Fatigue
- Bone fractures
- Stroke-like syndromes
- Depression
- Anxiety

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

CANCER DISCLOSURE

Persons with Cancer may develop complications that put them at risk for:

General Complications:

- Edema
- Nausea
- Difficulty breathing
- Constipation or diarrhea
- Pain
- Weight loss
- Bleeding & bruising
- Brain and nervous system problems
- Fatigue
- Dehydration
- Anemia
- Death

Radiation Complications:

- Weakness
- Anemia
- Skin changes - blistering, dryness, itching, peeling
- Fatigue
- Nausea, vomiting, diarrhea
- Development of second cancer
- Anorexia
- Lymphedema
- Heart problems, i.e., CHF, coronary artery disease, arrhythmias
- Menopause
- Lung problems
- Hair loss
- Digestion problems

Antineoplastic (an agent that prevents the development, growth or proliferation of malignant cells)

Drug Complications (chemotherapy):

- Bone marrow depression
- Venous sclerosis
- Hot flashes
- Hypertension
- GI epithelial cell irritation
- Deep cutaneous necrosis
- Dental problems
- Lung problems
- Menopause
- Osteoporosis
- Heart problems
- Digestion problems
- Bladder/bowel incontinence
- Destruction of hair follicles and skin cells
- Hair loss

Biotherapeutic (the use of biological response modifiers to enhance the immune response, alter hormone levels or assist in the treatment of cancer) Agent Complications:

- Fever
- Central nervous system effects
- Chills
- Flu-like symptoms
- Skin rashes, redness, itching, dryness
- Vomiting
- Fatigue
- Myocardial infarction
- Loss of appetite

(*If not addressed in the plan of care: Specify resident condition, treatment options, expected outcomes, consequences of refusing treatment, resident's concerns, medications that may affect the disease process, and offer relevant alternatives if the resident has refused treatment.)

Additional Comments:

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

ACKNOWLEDGEMENT OF RECEIPT OF CANCER DISCLOSURE

I, _____, acknowledge that I have received and reviewed a copy of
(Resident/Resident Representative/Guardian)

_____ Cancer Disclosure which summarizes the clinical symptoms
(Facility Name)

a resident diagnosed with Cancer may exhibit. Residents diagnosed with Cancer may suffer from complications/adverse events and clinical symptoms that are a result of the natural progression of the disease.

The Resident/Resident Representative/Guardian acknowledges that complications/adverse events may occur as a result of the disease process.

This facility recognizes the relationship between the Resident and the Resident Representative/Guardian is a critical element in identifying all of the resident's disease symptoms. The facility staff and physician requests that the Resident/Resident Representative/Guardian report all information regarding changes listed as clinical symptoms, complications or changes in the resident's usual behavior or status to the facility immediately.

I understand the facility will review this information with _____ when there
(Resident/Resident Representative/Guardian)

is a significant change of the resident's condition, quarterly and when requested by the Resident/Resident Representative/Guardian or Facility as a necessary part of the plan of care for the resident.

By signing, the Resident/Resident Representative/Guardian acknowledges the clinical symptoms and complications/risks associated with Cancer as well as the importance of participation in the overall plan of care for this resident.

ACKNOWLEDGEMENT SIGNATURES

Resident/Resident Representative/Guardian _____ Date Signed _____

If signed by Resident Representative/Guardian, complete the following:

Print Name _____ Relationship _____

Person completing this form: _____
Signature and Title _____ Date Signed _____

Witness signature: _____
Date Signed _____

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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