



**FOR KIDS WITH CANCER
FOR NOW, FOR LIFE.**

POGO Nursing Telepractice Documentation Record

| | |
|---|--|
| Client's Chart #: <i>(If known)</i> | |
| Client's Name: | |
| Client's DOB: | |

| | | | | |
|------------------------------------|--|--|--|--|
| Date/Time of Call: | | | | |
| Name of Caller: | | | | |
| Relationship to Patient: | | | | |
| Telephone Number of Caller: | | | | |

Reason for Telephone Call

- | | | | |
|--------------|----------|---------------------------|---------------------|
| Constipation | Diarrhea | Chicken Pox | Nausea and Vomiting |
| Fever | Pain | Oral Stomatitis/Mucositis | |
| Other: | | | |

Patient Assessment (e.g. signs/symptoms, medications/allergies)

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|----------------------------|--|
| Symptom Assessment: | |
| General Assessment: | |

Analysis and Plan (including consultation, education, referrals, and prescription)

| Symptom Assessment and Guidance Used: | On Treatment? |
|--|----------------------|
| Yes – | Yes |
| No | No |
| Not applicable | |
| | |
| Emergent | Urgent |
| Non-Urgent | |

Evaluation and Follow-Up

- | | |
|---------------------------------------|-----------------------------------|
| Patient to contact physician | Patient to call back if necessary |
| Patient to go to Emergency Department | Referrals: |
| Clinic visit scheduled: | Other: |

Notes

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| Nurse's Name | Nurse's Designation | Date |
|--------------|---------------------|------|
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