Start With Asking the patient the below questions

What do your caregivers do to assist you in your care?

Do you feel like your caregivers need additional help right now?

Are you concerned about your caregiver's physical or emotional health?

How informed are your caregivers about your current health status?

Have you completed written documentation as to who would make healthcare decisions if you cannot?

Approach

Have a discussion/share relative options with the patient

- Provide contact information for physician and/or patient navigator that the patient can share with caregivers if they become concerned and need assistance
- Assure patient that there are support resources for caregivers and many caregivers use this support

If NO

Give a brief description of both Power of Attorney for Heal thcare and POLST (if advanced stage)

- Provide online reference to:
 - The Conversation Project
 - The Stanford Letter
 Project

Next Step

Refer to a social worker, cancer center or support center for additional resources

If there is a serious concern about the patient's caregiver:

- Refer to psychologist or social worker to meet with caregiver(s) and patient to address concerns
- If needed plan around re-establishing a support team to assist the patient if caregiver is not able

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

If the patient and/or family is homeless or having housing issues, See "Follow Up Reference for Issues paying for food or housing – HOUSING ONLY"

Refer to Palliative Care or Social Worker or whomever in your institution assists with legal documentation

Instruct patient to keep copies of completed forms with them at all times

See link in References for CSOC Palliative Training Module *POLST Paradigm—Physician Orders for Life-Sustaining Treatment* and *Advance Care Planning Over Time*

Timing

Routine within 1 week if not interfering with care

Acute – within 24 hours if interfering with care or for advanced directives completion If the patient has a poor prognosis. Otherwise, within 30 days

Notes

Stages I-IV: Caregivers can show symptoms of anticipatory grief, exhaustion, burnout, burden of multiple care giving roles, having medical or financial issues themselves. It is strongly suggested that caretakers attend appointments with patient. Sometimes issues can arise when goals of care are different between patient and caretaker. All caretakers, to extent authorized by patient, n eed to be aware of patient's Goals of Care and should have copies of POLST (advanced stages) and POA for Healthcare.

Patient Links and Handouts:

- > American Cancer Society, Caregivers and Family
- > NIH. Support for Caregivers of Cancer Patients
- > NCI. Support for Caregivers. Advanced Cancer
- > Cancer.Net. Caring for a Loved One
- > LIVESTRONG. Caregiver Support
- > Caregiver Action Network

CSOC Patient Handout can be accessed at:

http://cancer-help.me/caregiver

References:

- National Alliance for Caregiving (NAFC)
- Caregiving in the U.S. AARP 2015 Report
- CANCERCare® Online Support Groups, share with patient/family/caregiver if clinician considers appropriate

