Clinician Follow Up Reference for Supportive Care

Practical Concerns – "YES" to "Llive glone"

Start With
Asking the patient the below questions

[Sometimes people need help with basic care needs.]

Do you have someone you can depend on to help with basic care needs such as bathing and dressing? If Yes

Further inquire, document in referral:

- As k who the help is and when a vailable
- Does pt need more help or support?
- Inquire if patient currently has any home services (i.e. homemaker, hired caregiver, visiting nurse) and if not, does ptneed help getting them?
- Inquire if there is an understanding of how their cancer diagnosis or treatment may affect their a bilities
- Conduct an ADL/IADL assessment
- If there is any question about the patient's cognitive condition, make note on referral

If No

Further inquire, document in referral:

- Encourage patient to seek out any help they have used in the past (Family, friends, faith community, neighbors)
- Inquire if patient has ever used home services (i.e. homemaker, hired caregiver, visiting nurse) and if not, does ptneed help getting them?
- Conduct an ADL/IADL assessment
- If there is any question about the patient's cognitive condition, make note on referral

NOTE: If patient reports living alone, has no services, and has difficulty with ADLs/IADLs-should prompt an urgent referral to social work and PT

Next Step

Patient with ADL/IADL inability: Refer to Physician/APC or Nurse

 Assess for patient frailty or physical function. Physical difficulties may be partially or fully reversible, consider referral to

- Discuss progression and treatment if there is a lack of understanding
- Screen for cognitive issues if indicated

As a clinician do you have concerns

a bout this patient living alone
currently or in the near future?
Ability to live alone should be based
on:

- Physical Function Status
- Emotional Status
- Cognitive Status

Refer to Social Worker for assistance with home services

Patient with no ADL/IADL inabilities: Refer to Social Worker for assistance with home services Timing

If this is an area that is causing an immediate safety risk, depression or anxiety, o if you feel that patient currently living in unsafe environment – URGENT same day

Or

Routine, within 1 week

[Sometimes people may feel alone.]

Do you have someone you can depend on to talk to or be with you?

If No

Refer to Social Worker for assistance with socialization opportunities

Share Patient Links and Handouts as appropriate See Reference links below for additional information

Notes

Any Stage – Patients at any stage may need services if living alone. Conducing a ADL/IADL assessment will help indicate if there is enough help or a need of help. Medication adherence or transportation (See Follow Up Reference to "Transportation" concerns for guidance) issues may need addressing. May have financial issues paying for services if low income or getting services from Department of Aging.

Stage IV – Several stage IV cancers qualify under compassionate allowances for quickly obtaining Social Security Disability Insurance or Supplemental Security Income programs, which could have pay for home care services.

Geriatric - Geriatric sub-team discussing clinician guidance for physical frailty and function assessment, info to follow.

Patient Links and Handouts:

- > Coping With Cancer When You're On Your Own: How to Get the Support You Need
- ➤ American Cancer Society, Patient Programs and Services
- > Cancer Support Community
- > Little Brothers, Friends of the Elderly®

CSOC Patient Handout can be accessed at: http://cancer-help.me/self-help

References:

- > Lawton, M.P., and Brody, E.M. "Assessment of older people: Self-maintaining and instrumental activities of daily living." Gerontologist 9:179-186, (1969).
- Andersen BL, DeRubeis RJ, Berman BS, Gruman J, Champion VL, Massie MJ, Holland JC, Partridge AH, Bak K, Somerfield MR, Rowland JH, American Society of Clinical Oncology. Screening, assessment, and care of anxiety and depressive symptoms in adults with cancer: an American Society of Clinical Oncology guideline adaptation. J Clin Oncol. 2014 May 20;32(15):1605-19. [87 references] PubMed"

