



Cancer Take Charge Card – Example

**For Help Monday - Friday from 8am - 6pm:
Call: 000-555-0000**

**For Help Monday - Friday from 6pm - 8am:
Call: 000-555-0000**

**For Help on Weekends 24/7:
Call: 000-555-0000**

Doctor's Name/Specialty:

Cancer Type/Stage/Current Treatment:

Call Immediately For:

- Pain not controlled by medication
- Fever of ____
- Uncontrolled vomiting or nausea for ____ hours
- Breathing difficulty that limits your ability to be comfortable
- Constipation or diarrhea for ____ days
- Being extremely tired, cannot do what you could the previous day
- Swelling in hands or feet that limit you from taking care of yourself
- Painful skin reaction
- Tingling in hands or feet that limits you from taking care of yourself