CINV PREVENTION
BEST PRACTICES CHECKLIST

TIME TO TALK CINV™

Many patients undergoing chemotherapy are fearful of experiencing chemotherapy-induced nausea and vomiting (CINV), as they believe it's a side effect they "just have to live with." They do not know that prevention of CINV should be the expectation and need to understand the importance of alerting their healthcare team when they are experiencing these side effects.

Patients do not need to suffer needlessly from nausea and vomiting. With better communication and understanding of this side effect, the risk of issues with treatment adherence, hospital stays, and ER visits due to complications may be reduced.

This piece, along with the other tools in the Time to Talk CINV toolkit, can be printed, filled out digitally, emailed to patients and colleagues, and shared via social media.

ESTABLISH THERAPEUTIC AND COMMUNICATION GOALS WITH PATIENTS

☐ Inform your patients of the goal of "no vomiting" and "no nausea" following chemotherapy

☐ Educate on the risks of "pushing through" nausea and vomiting, like dehydration and hospital admission, and the importance of communicating about side effects

☐ Communicate strategies for proper medication adherence

☐ Ask your patients what they already know so you know where to start the conversation about CINV

☐ Share tools available to help patients report their side effects:
- Time to Talk CINV Chemotherapy Side Effect Tracker
- The MASCC Antiemesis Tool app available at www.mascc.org/mat

INSTITUTE THERAPEUTIC AND COMMUNICATION GOALS WITHIN THE HEALTHCARE TEAM

☐ Determine patient risk factors for CINV when considering treatment:
- Below age 50
- Female
- History of morning sickness during pregnancy
- History of no or low alcohol consumption
- Prone to motion sickness
- Have had chemotherapy previously
- History of anxiety
- High pretreatment expectation of severe nausea

☐ Follow up with patients just starting on chemotherapy or who have previously experienced CINV within 24-48 hours of leaving the office

☐ Utilize appropriate processes to ensure that information, such as patient risk factors and reports of CINV, is shared amongst the full healthcare team

☐ Find out how patients want to be contacted following office visits (phone call on mobile or home phone, email, text, etc.)

ENSURE CLEAR COMMUNICATION CONTINUES OUTSIDE THE DOCTOR'S OFFICE

☐ Confirm your patients know when and whom to contact on the healthcare team if they are experiencing nausea and/or vomiting from chemotherapy

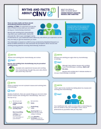
☐ Determine if there is a caregiver that plays an active role in treatment who should be included in communications

☐ Advise patients to set up appointments with appropriate support providers such as a nurse navigator, oncology pharmacist, and/or oncology social worker

☐ Make patients aware of all hospital/institution resources available to them

☐ Provide outside resources such as books, patient advocacy organizations, local peer-to-peer groups, and the Time to Talk CINV™ toolkit
- For more information on Time to Talk CINV, visit the Hematology/Oncology Pharmacy Association (HOPA) website at www.TimeToTalkCINV.com. Resources include:

PATIENT COMMUNICATION CHECKLIST



MYTHS AND FACTS ABOUT CINV

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HOPA Hematology/Oncology Pharmacy Association

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