
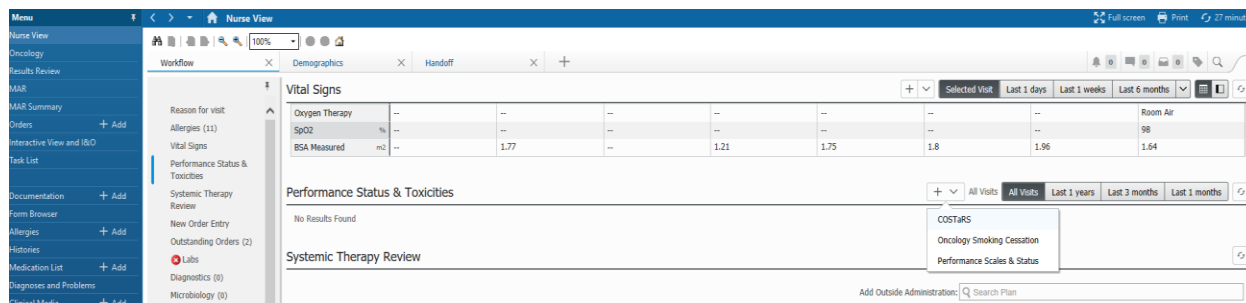


ONCOLOGY COSTARS DOCUMENTATION

Navigate to the COSTARs powerform

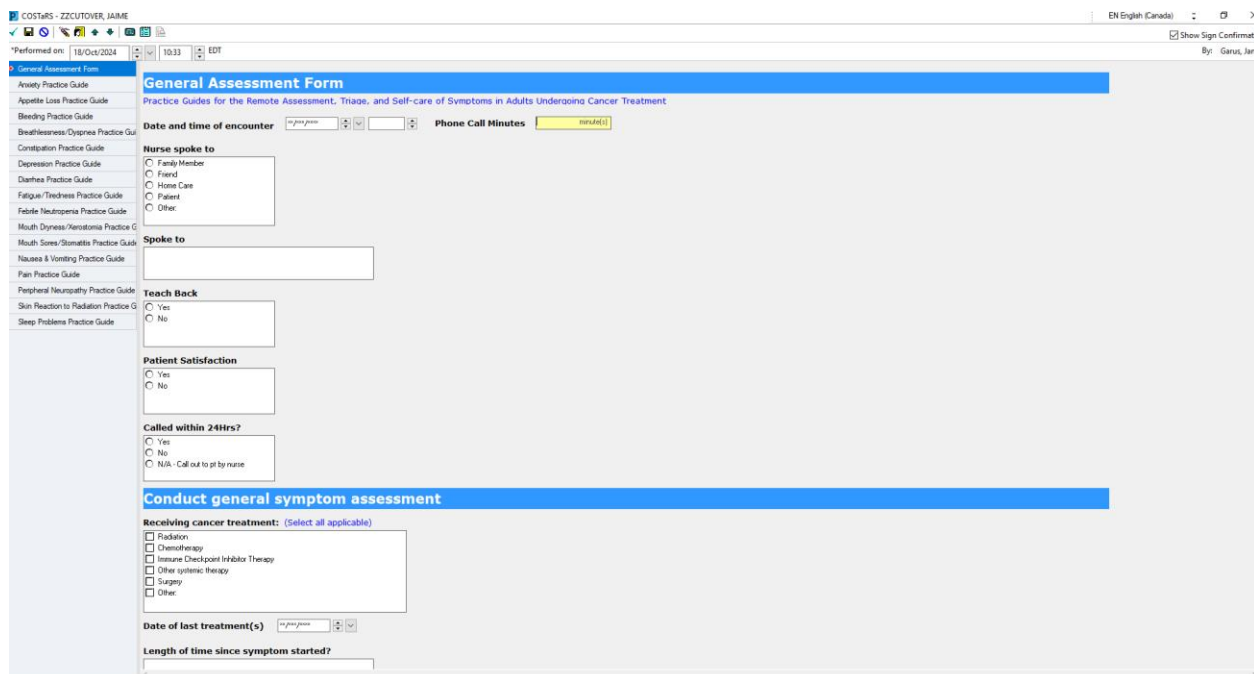
1. Open a patients chart
2. Navigate to **Nurse View** (top of the dark blue menu)
3. Scroll to **Performance Status & Toxicities** (grey menu)
4. click 
5. Select COSTaRS as seen below.



The screenshot shows the 'Nurse View' interface. On the left, a dark blue menu lists various options, with 'Performance Status & Toxicities' highlighted in grey. A dropdown menu is open, showing 'COSTaRS' as the selected option. The main content area displays 'Vital Signs' and 'Performance Status & Toxicities' sections. The 'Performance Status & Toxicities' section shows 'No Results Found' and a search bar for 'Add Outside Administration'.

Document your assessment

6. Using symptom list on left hand side choose appropriate tab.
Tip: All items highlighted in yellow must be completed.



The screenshot shows the 'General Assessment Form' in the HIS system. The form is titled 'General Assessment Form' and includes sections for 'Date and time of encounter', 'Nurse spoke to', 'Spoke to', 'Teach Back', 'Patient Satisfaction', 'Called within 24Hrs?', 'Conduct general symptom assessment', and 'Receiving cancer treatment'. The 'Conduct general symptom assessment' section is highlighted in yellow. The form is titled 'General Assessment Form' and includes sections for 'Date and time of encounter', 'Nurse spoke to', 'Spoke to', 'Teach Back', 'Patient Satisfaction', 'Called within 24Hrs?', 'Conduct general symptom assessment', and 'Receiving cancer treatment'.

- Review questions (highlighted in grey) with patient and choose appropriate response. Once complete, use the green check mark (top left corner) to sign. Your assessment will populate in **Documents** (found in the dark blue menu).

*Performed on: 18/Oct/2024 10:35 EDT

Nausea & Vomiting Practice Guide

A subjective perception that emesis may occur. Feeling of queasiness. Vomiting: A forceful expulsion of stomach contents through the mouth and may include retching (gastric and esophageal movement without vomiting - dry heaves.)

Assess severity of nausea/vomiting Mild Moderate Severe

What number from 0 to 10 best describes how you are feeling 0=No nausea, 10=Worst possible nausea?

1 to 3 4 to 6 7 to 10

Are you worried about your nausea/vomiting? No/some Yes, very

How many times per day are you vomiting or retching? Less than 1 2-5 Greater than 6

What is the amount of vomit? Small Modest Large

Do you have any blood in your vomit or does it look like coffee grounds? No Yes No vomiting

Have you lost weight in the last 1-2 weeks without trying? 0-2.9% 3-9.9% More than 10%

Have you been able to eat within last 24 hours? Yes No

Have you been able to tolerate drinking fluids? Yes No

Are you feeling dehydrated, which can include feeling dizzy, a dry mouth, increased thirst, fainting, rapid heart rate, decreased amount of urine? No Yes, some Yes, a lot

Do you have any abdominal pain or headache? No/Mild 0-3 Moderate 4-6 Severe 7-10

Does your nausea/vomiting interfere with your daily activities at home and/or at work? No Yes, some Yes, significantly

If yes, please describe.

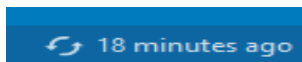
Do you have any other symptoms? Pain Constipation Anxiety Other: Fever Diarrhea Headache

How much fluid are you drinking per day? 6-8 glasses 1-5 glasses Sips

Are you taking medications that can

No Yes

Reminder: remember to refresh to see your assessment



Tip : If you click the box "do not ask me this message again" you will sign automatically with clicking the green arrow.

