



## My Oral Chemotherapy Diary

Drug 1		Treatment Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Dose		Date																												
Directions		AM																												
		Noon																												
		PM																												
		Bedtime																												

Drug 2		Treatment Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Dose		Date																												
Directions		AM																												
		Noon																												
		PM																												
		Bedtime																												

Important Notes	Side Effects	
<ul style="list-style-type: none"> <li>• Take medicines as directed by your healthcare team</li> <li>• Use <b>reminders</b> to take medicines</li> <li>• If you <b>miss a dose</b>, note on diary and call clinic</li> <li>• If you <b>cannot take medicines</b> due to feeling sick, call clinic</li> <li>• <b>Store medicines as directed</b></li> </ul> <p style="color: red; text-align: center;"><b>UW CARBONE CANCER CLINIC: (608) 265 – 1700</b></p>	Call <u>right away</u>	Call soon
	Shivering Fever over 100°F Chest pain/shortness of breath Confusion Severe headache/stiff neck Unusual bleeding/bruising Frequent vomiting/diarrhea	Nausea/vomiting/diarrhea Constipation Mouth/throat soreness Sudden skin changes Fatigue or increased pain Sore/watery eyes Unsure of treatment plan