

Patient's Name: _____

Date _____

FEVER AND NEUTROPENIA

Normal <ul style="list-style-type: none">• Refer to pretreatment nursing or oncology assessment	
Onset <ul style="list-style-type: none">• When did symptoms begin?	
Provoking / Palliating <ul style="list-style-type: none">• What makes it better? Worse?	
Quality (in last 24 hours) <ul style="list-style-type: none">• Can you describe your symptoms? What is your temperature? For how long?	
Region / Radiation <ul style="list-style-type: none">• Where are your symptoms?• Do you have any open sores or cuts?	
Severity / Other Symptoms <ul style="list-style-type: none">• Have you been experiencing any other symptoms?	
Treatment <ul style="list-style-type: none">• Using any antipyretics? If so, what type? When was the last dose?• Any other medications or treatments?	
Understanding / Impact on You <ul style="list-style-type: none">• How much are you eating or drinking?• What do you believe is causing these symptoms?• How is this affecting you?	

Created: January, 2010

Revised: October, 2018