

CAREchart@Home

After-Hours Symptom Management Service

877-681-3057

Cancer Care Ontario has partnered with Bayshore Nursing to provide after-hours phone service for our patients called “CAREChart at Home”.

The goal is to help you when you are not feeling well.

The after-hours phone service is available to you when the Cancer Centre is closed (evenings, weekends and holidays). During the daytime, please contact the Cancer Health Care Team that is providing your care.

When should I call this service?

- Call when you are not feeling well after hours.
- For other concerns relating to your Cancer Centre experience such as changing appointment times or renewing prescriptions, please call the Cancer Centre, the next business day during regular hours.
- For emergency problems call 911 or go directly to the nearest emergency department.

How do I contact the service?

Call **1-877-681-3057**.

An operator will answer your call and forward your call to a telephone cancer nurse who will help you. If the nurse is not immediately available, a nurse will call you back within 15 minutes.

Do I need to do anything to use this service?

Your cancer team will give you a Patient Information Sheet with your diagnosis and treatment information on it. Keep this sheet in a safe place. Also, have a list of your current medications. This information is needed by the telephone cancer nurse to help you.

How will my oncology team know what happened?

The telephone cancer nurse will send a note to your cancer team immediately after your telephone visit. You may be asked to follow up with you Cancer Centre nurse the next working day.

The regular hours of the Juravinski Cancer Centre are:

- Monday to Friday, Open 8:30 am – 4:30 pm
- Weekends and Statutory Holidays – Closed
- **Phone: 905-387-9495**

CAREchart@home is available:

Monday to Friday -- 4:30 pm to 8:30 am

Weekends and Statutory Holidays -- available 24 hours

Call CAREChart@home: 1-877-681-3057

If you have any questions, please ask your cancer team members.

Patient Information Sheet

**Please keep this page with you during your call; this will help the
Registered Nurse provide the most appropriate support
CAREchart@home: 1-877-681-3057**

Patient Label

Please have your current medication list and home care provider available

Type of Cancer: _____

Medications:

- Drug Treatment/Biotherapy: _____
Frequency: _____
Start date: _____
- Radiation Area of body being radiated: _____
of treatments: _____
Start date: _____

Venous Access Lines:

- PORT PICC
 Peripheral Tunnelled (i.e. Hickman™) _____

Drains/Tubes:

- Chest Catheter Feeding Tube (Type):
 Indwelling Peritoneal Catheter Ostomy (Type):
 Urinary Catheter Stent(s) (Type):

- Pain Pump (Type & Provider): _____ | Home oxygen (Provider): _____