

Pain and Symptom Management Clinic

Juravinski Cancer Centre

The Pain and Symptom Management Team in the Clinic can help you learn ways to manage pain and symptoms caused by your cancer or related treatment.

Members of the team

- Dr. Slaven
- Dr. Shaw
- Anna Krpan, Secretary
- Deb Evans, RN,
Clinical Nurse Specialist
- Dorothy Edwards, RN

Please bring to every appointment

- All your medications or a current list. Please make a note about the medications that need to be renewed.
- Your pain diary.
- Pharmacy name, address and phone number.
- Family member or friend to help with questions and information. If an interpreter is needed, please let us know a few weeks ahead of time.
- If you have been given a report/note from a visiting nurse.

Symptom Assessment

Please complete and bring your symptom assessment to every appointment.

Missed appointments

There is a waiting list for our clinic. If you cannot make your appointment please call the clinic at least 24 hours ahead of time. We cannot renew or reorder your medications if you have missed appointments. If you miss appointments without calling us, you will need to see your Primary Team before we can see you again.

How to reach us

Monday to Friday: 9:00 am to 4:00 pm

905-387-9495, ext. 64315

If you reach the answering machine, leave a non-urgent message with:

- your name – please spell your last name
- a phone number where you may be reached
- your JCC chart number
- a short message that will help us understand your concern

Our secretary, Anna, takes messages. A nurse will return urgent calls before 4:00 pm the same day. Non-urgent calls are returned within 2 business days.

Urgent problems after 4:00 pm, holidays and weekends

- Please call your visiting nurse. If needed, the nurse will contact the doctor.
- If you do not have a visiting nurse, call your family doctor or go directly to an emergency department or urgent care centre. Please do not call the JCC after 4:00 pm or on weekends.



If your situation is urgent and cannot wait for us to return your call, you may need to go to an emergency department.

Name _____

JCC Chart # _____

When to call

Call us if you will miss an appointment for any reason. Call us if you have been in the hospital.

Call us if you have any of these symptoms:

- more pain or your pain is not well controlled
- nausea and/or vomiting
- bowels have not moved in 4 days
- shortness of breath that does not settle once you sit down
- pain on taking a deep breath
- sudden leg weakness; especially if you have back pain
- cannot urinate

Call us if you are having difficulty coping

- You are having difficulty handling the changing care demands.
- You have questions or need to discuss anything related to your cancer and how you are doing.

Call us if you want to change your medications

If you want to stop, increase or decrease any of the medication we have started you on because you cannot tolerate the side effects or you feel it is not working. **Call before you make any changes to your medications.**



Call as soon as you know there is a problem.

Do not wait until your next appointment.

Our secretary will take the message and we will call you back.

To renew medication

Medications that we prescribe: The best way is to bring them in their original containers with you to each appointment so we can review which refills are needed. Please have your pharmacy name and number available.

If you run out of your medications before your next appointment with us:

call your local pharmacy to refill your prescription

have them contact us **at least 2 business days** ahead of when you need the medication

For all your other medications, renew them with your family doctor or the doctor who prescribed them.

These medications include: blood pressure, thyroid, diabetic medication and any other medications not prescribed by us.

Notes and questions



Juravinski Cancer Centre
699 Concession Street
Hamilton, Ontario L8V 5C2
905-387-9495

Hamilton Health Sciences 2018
Original date of completion: 0/12018
Date of last update: 06/2020
PD 6491

Pain Diary

Date and time	Where is the pain?	What did you take?	Did it help?	Comments
			<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> some	
			<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> some	
			<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> some	
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