Recognition of the increase in the amount of approved oral oncolytics has led to concerns for oncology nurses. Oncology nurses are challenged with the increased number of new oral drugs and the need for additional education to acquire drug knowledge. A sense of noninclusion with physician-to-patient communication may omit traditional nurse chemotherapy teaching. This frequently occurs in settings where oral oncolytics are not afforded the same procedures as infusion drugs, such as written informed consent and chemotherapy teaching by an experienced oncology clinician. Oral chemotherapy requires a significant amount of nursing time for patient education and counseling, particularly at initiation (Moody & Jackowski, 2010). Providing and reinforcing accurate, detailed patient education about oral chemotherapy, using terms appropriate for the patient’s understanding, may promote patient safety, optimal dosing, and adherence to the treatment plan (Hartigan, 2003). The authors of the current article assembled a resource of condensed information that is most critical to the oncology nurse (e.g., drug indications, dosing, dose modifications, common adverse events, warnings, necessary tests). The tool could be quickly accessed and reviewed by nurses prior to engaging in patient education, and it could reinforce and improve clinical knowledge related to a specific oncolytic. For comprehensive drug information, the nurse must still turn to the complete prescribing information.

The current literature has identified multiple barriers to patients and their caregivers in being willing and adhering to self-administration of their treatment (Griffin, 2003; Moore, 2007). Strategies to overcome these barriers must be developed at the initiation of oral agents to accomplish treatment goals, which include receiving maximum benefit of the oral oncolytic (Lester, 2012). The nursing education aspect in the prescribing of oral oncolytics may begin establishment of communication.