Care at Home

For Patients and Proxies Detailed Guide: How To Check- In







Step 1: Open Care At Home and log in **Step 2:** Click on Check-in to view actions **Step 3:** From the list of actions to complete, select one to begin.

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<	Daily Symptom Screening	Save			
Have you experienced any of these symptoms? (select each to record)					
DIFFICU	LTY SWALLOWING	~			
MOUTH/	THROAT SORES	~			
RADIATI	ON SKIN REACTION	~			
GENERA	L PAIN	~			
NAUSEA		~			
ANXIOU	S	~			
FATIGUE		~			
NUMBNE	ESS & TINGLING	~			
RINGING	IN EARS	~			
CHILLS		~			
DRY MOU	ЛТН	~			

Step 4 (Selected Daily Symptoms): Choose applicable symptoms from the presented list

<	Daily Symptom Screening			Save
Have yo	u experien (sel	iced any of lect each to rec	these syr	nptoms?
DIFFICU	~			
MOUTH	/THROAT	SORES		^
In the last 2 THROAT SC	4 hours, what ORES at their \	was the SEVER WORST?	RITY of your	MOUTH OR
None	Mild	Moderate	Severe	Very severe
RADIAT	ION SKIN I	REACTION		^
In the last 2 FROM RAD	4 hours, what IATION at the Mild	was the SEVER ir WORST? Moderate	RITY of your	SKIN BURNS
GENER	AL PAIN			~
NAUSE	4			~
ANXIOU	JS			~
FATIGU	E			~
NUMBN	~			
RINGIN	G IN EARS			~

Step 5: Answer the questions as they appear, and click save to complete.



Step 6: Complete all remaining actions and click Submit

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Step 7

Care At Home will process all the information

Step 8a

Thank you for recording your Ad Hoc Actions

Step 8b:

If you generate a clinical alert, click Call NOW to be connected to your healthcare team