

**TABLE 1.**  
THE ONN PATIENT ASSESSMENT<sup>®</sup>

ITEM	DEFINITION	SCOPE OF PRACTICE AND TELENAVIGATION INTERVENTIONS
1. Disease-specific knowledge	Need for understanding the extent of the malignant disease, outcome of treatment, and prognosis; types of treatments available; side effects of treatment; effects of treatment on social life, activities, personal autonomy, and return to normal life; the function of interprofessional teams and tumor boards; and the continuum of care toward survivorship or end-of-life considerations	ONN; patient orientation and education, palliative care and end-of-life resources
2. Self-management	Barrier to the ability to manage symptoms, physical and psychosocial consequences, and lifestyle changes; need to monitor one's own condition as it affects cognitive, behavioral, and emotional responses necessary to maintain quality of life	ONN or delegate (e.g., lay navigators, unlicensed assistive personnel) per organizational policies and procedures and state laws; patient orientation and education
3. Symptom control	Need to control symptoms, such as pain, nausea, hot flashes, impotence, fatigue, and lymphedema	ONN in collaboration with prescribing provider; patient orientation and education
4. Comorbidity	Need to comanage additional diseases (e.g., renal disease, hepatic disease)	ONN in collaboration with prescribing provider; patient orientation and education
5. Medication management	Need for reconciliation of multiple medications, some of which might not be clinically indicated	ONN in collaboration with prescribing provider; patient orientation and education
6. Wound care	Need to address actual or potential issues with skin integrity through dressing changes to surgical wounds, drains, and appliances, as well as wound care with wound products, such as alginates, hydrocolloids, foams, or ostomy products	ONN may refer to wound care specialist; coordination of care
7. Nutrition	Need for nutrition counseling during and after cancer treatment to fight infections and disease recurrence, and need for rehabilitation from cancer-related cachexia	ONN may collaborate with or refer to registered dietitian; coordination of care
8. Oral health	Need for anticipatory management and treatment of mucositis, abscesses, and tooth loss related to chemotherapy, radiation therapy, and bone marrow transplantation; restoration after treatment of head and neck cancer	ONN may initiate referral to oral health or dental provider; coordination of care
9. Genetic risk	Need for management of risks associated with hereditary and familial cancers, or the need for genomic tissue testing to determine treatment regimen (e.g., chemotherapy versus endocrine therapy)	ONN may initiate referral to genetic specialists; genetics and genomics
10. Fertility preservation	Need for management of surgically or pharmacologically induced menopause or infertility as treatment-related consequence	ONN may initiate referral to fertility specialist; coordination of care
11. Caregiver role strain	Need for caregiver support because of relationship stressors and conflict, personal needs, feelings of helplessness, fear of the cancer diagnosis and terminal illness, effects of illness on employment, restriction of activities, the ability to perform family function, and fear of the family's future	ONN or delegate (e.g., lay navigator or community health worker), or may refer to licensed clinical social worker; psychosocial
12. Financial toxicity	Barrier because of the cost of care and/or the cost of health insurance; adverse economic consequences resulting from medical treatment	ONN or delegate (e.g., lay navigator or community health worker), or may refer to licensed clinical social worker; financial
13. Housing	Need for basic shelter and safety; problems resulting from overcrowding, staying with relatives, and housing loss	ONN or delegate (e.g., lay navigator or community health worker), or may refer to licensed clinical social worker; financial
14. Legality/ethics	Need to work around ethical and legal issues related to incarceration, domestic violence, and undocumented immigration status; barrier because of patient involvement with the criminal justice or correctional systems	ONN or delegate (e.g., lay navigator or community health worker), or may refer to licensed clinical social worker; financial, psychosocial

*Continued on the next page*

**TABLE 1. (CONTINUED)**  
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ITEM	DEFINITION	SCOPE OF PRACTICE AND TELENAVIGATION INTERVENTIONS
15. Transportation	Need for reliable transportation to healthcare facilities	ONN or delegate (e.g., lay navigator, community health worker), or may refer to licensed clinical social worker; transportation and lodging
16. Communication/ language	Barrier because of language, hearing impairment, or visual impairment	ONN in collaboration with medical translator or cultural broker; coordination of care
17. Health literacy	Need to obtain, process, and understand basic written and spoken health information to make appropriate decisions regarding health maintenance and treatment	ONN or delegate (e.g., unlicensed assistive personnel); patient orientation and education
18. Coping	Fear/anxiety as a barrier to adjust to new diagnosis; barrier because of lack of confidence to carry out goal-directed behaviors	ONN may initiate referral to licensed clinical social worker or psychologist; psychosocial, survivorship
19. Noncompliance	Barrier because of patient nonalignment with recommended treatment regimen	ONN or delegate (e.g., unlicensed assistive personnel), may initiate referral to licensed clinical social worker; psychosocial
20. Culture	Barrier because of perceived invulnerability, folk beliefs, or suspicion or mistrust of the healthcare system	ONN may collaborate with cultural broker or pastoral care services; psychosocial
21. Decisional ambivalence	Barrier because of mixed feelings or internal conflict, being pulled in different directions, or overwhelmed by uncertainty or indecision	ONN; psychosocial
22. Depression	Barrier related to little interest in activities, suicidal thoughts, sleep and appetite problems, inability to concentrate, self-isolation, or a positive score on the Patient Health Questionnaire-2 or -9 screening test	ONN may indicate referral to licensed clinical social worker, psychologist, or psychiatrist; psychosocial
23. Behavioral mental health	Barrier related to a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment or substantial interference	ONN may indicate referral to licensed clinical social worker, psychologist, or psychiatrist; psychosocial
24. Addiction	Barrier because of psychological dependence on substances for the psychic effects characterized by cravings and compulsive use despite harm	ONN may collaborate with licensed clinical social worker or certified addiction counselor; psychosocial
25. Services coordination	Need for system navigation and nurse advocacy to arrange for urgent or critical services, such as diagnostic testing, treatments, procedures, palliative care, or hospice	ONN may engage interprofessional team; coordination of care
26. Transition management	Need to manage transitions in levels of care (e.g., from cancer care to primary care); transmission of care summaries and reports as conditions and care needs change during the cancer trajectory	ONN in collaboration with other facility or clinical staff; coordination of care, survivorship
27. Systemic anticancer therapy	Need to manage chemotherapy, biologic therapy, immunotherapy, or targeted therapy	ONN in collaboration with biotherapy-certified RN; coordination of care
28. Clinical trial	Barrier to obtain potentially beneficial treatment because of inequitable access to clinical trials	ONN in collaboration with research team; clinical trials
29. Distress	An unpleasant experience of a psychologic (i.e., cognitive, behavioral, or emotional), social, spiritual, and/or physical nature that may interfere with the ability to cope effectively	ONN; psychosocial, palliative care and end-of-life resources

ONN—oncology nurse navigator

**Note.** Telenavigation interventions are intended to help address barriers to care.

**Note.** The ONN Patient Assessment (ONNPA) is provided free of charge to all nurse navigation programs; there is no subscription fee. The ONNPA is copyrighted by Colleen P. Sullivan-Moore and Nora Flucke. Plans to use any part of the ONNPA for commercial or profit purposes should include obtaining permission from the authors (Sullivan-Moore at [liminalnavigation@gmail.com](mailto:liminalnavigation@gmail.com) and Flucke at [nora.flucke@cuanschutz.edu](mailto:nora.flucke@cuanschutz.edu)).

**Note.** Based on information from Ashley & LaForgia, 2020; Benn et al., 2019; Gany et al., 2021; Haas et al., 2019; Itano et al., 2016; Jojola et al., 2017; Lin et al., 2017; Lyckholm & Glancey, 2016; Moore et al., 2021; Newton et al., 2017; Nipp et al., 2016; O'Gurek & Henke, 2018; Riba et al., 2019; Rosenzweig et al., 2019; Rowett & Christensen, 2020; Substance Abuse and Mental Health Services Administration, 2020; Tadman et al., 2019.