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TELEPHONE NURSING PRACTICE

and

Symptom Management Guidelines

*Nursing
Professional
Advisory
Committee*

2004

ANOREXIA GUIDELINE



Anorexia: Is defined as a loss of appetite that results in a decrease in oral intake.

Cachexia: Is the progressive loss of lean tissue and body fat.

Common Terms: "no appetite", "poor appetite", "feel full", "not hungry", "weight loss", "force myself to eat", "weakness", "too tired to eat", "muscle loss"

General Assessment

- | | |
|---|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, Physician Diagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|---|--|

Symptom Assessment

- Weight: Present weight, weight one-month pre-diagnosis. Weight change in the past week, month. Height.
- Oral Intake: describe change of intake in the last month. Any swallowing problems.
- What is the patient eating? Normal food (describe), decreased amount, small amounts of solids, only liquids, only nutritional supplements, very little of anything, only tube feedings, parenteral nutrition,
- 24-hour recall of intake, describe consistency and amount of intake.
- Has your ability to carry out normal activities of daily living changed? For how long, describe.
- Nausea and vomiting: Presence of, amount, frequency
- Is there any stomatitis or mucositis present?
- Bowel movements: Date of last bowel movement. Any constipation or diarrhea?
- Pain: Is pain under control?
- Depression/Fatigue: Presence of, and is it affecting appetite?
- Signs of dehydration: See Addenda on reverse side



Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> No oral intake for 24 hours Signs of dehydration Sudden severe decrease in performance status (ADL's) 	<ul style="list-style-type: none"> Moderate to severe decrease in performance status Minimal oral intake Presence of one or more nutrition impact symptoms, i.e. nausea, vomiting, constipation, diarrhea, mucositis, dysphagia Loss of > 2% of body weight in one week or > 5% in one month 	<ul style="list-style-type: none"> No appetite but able to take in some food and fluid Able to maintain performance status



Requires immediate medical attention	Requires medical attention within next 24 hours	Support, teaching and follow-up as required
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Patient Teaching

- Ensure patient is taking medications as prescribed
- Simplify meal preparation to minimize tension and anxiety: canned soups, frozen dinners, sandwiches
- Eat small meals: 5-6 times pr day. Don't wait to feel hungry.
- Increase intake when you feel most hungry, i.e. breakfast
- Suggest high protein/high calorie foods: i.e. cheese, yogurt, eggs, milkshakes, calorie supplements (in keeping with co-morbidity e.g.: diabetes)
- Limit fluid intake to 30 minutes before planned meals (to avoid feeling full)
- Cold foods are sometimes better tolerated
- Sit up after each meal for 30-60 minutes to facilitate digestion

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention

Potential Complications

- Dehydration: ↑ thirst, dry mouth, ↓ urine output, ↓ skin turgor, postural hypotension, weakness, dizziness, confusion
- Blood work abnormalities: ↓ albumin, ↑ creatinine, ↑ urea, phosphorus, cholesterol, magnesium, etc.
- Weight loss, fatigue, depression, anxiety, decreased quality of life.
- Decreased functional status and ability to carry out activities of daily living
- Delay or cessation of treatment due to severity of weight loss, potential for toxicity

Risk Factors/Possible Causes

- Advanced disease (stage 3 – 4) with metastases
- Patients with lung, gastric, esophageal, pancreatic and liver cancers, however any cancer patient is at risk.
- Disease related: bowel obstruction, extensive bowel surgery, pain.
- Treatment related: radiation enteritis or other radiation therapy side effects, chemotherapy or other medication side effects, narcotic use
- Other: depression/anxiety
- Presence of one or more nutrition impact symptoms: nausea, vomiting, mucositis, diarrhea, dysphagia, taste alterations, food intolerances

Figure 1: Time Course of Significant Weight Loss

Time	Significant Loss	Severe Loss
• 1 week	• 1 – 2%	• >2%
• 1 month	• 5%	• >5%
• 3 months	• 7.5%	• >7.5%
• 6 months	• 10%	• >10%

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BREATHLESSNESS GUIDELINE



Breathlessness: Is a subjective experience, described as an unpleasant or uncomfortable awareness of breathing, or of the need to breathe.

Dyspnea, or shortness of breath is the medical diagnosis given to breathlessness.

Common Subjective Description: Hard to breath, feeling smothered, tightness in the chest, hard to move air, needing more air, “I just feel short of breath”, “I can’t get my breath”.

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, PhysicianDiagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> Acute episodes or exacerbation of breathlessness, i.e. air, hunger, unable to speak or unable to lie flat New, acute onset chest pain Fever greater than 38° 	<ul style="list-style-type: none"> New onset or change to patient's regular (usual) breathing pattern, i.e. increased shortness of breath, labored breathing while awake and asleep, pauses when talking 	<ul style="list-style-type: none"> Unchanged from usual chronic symptoms, i.e. symptoms of COPD, emphysema, asthma



Requires immediate medical attention	Requires medical attention within next 24 hours	Support, teaching and follow-up as required
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Patient Teaching

- When did your breathlessness start? Any chronic breathing problems? i.e. asthma, emphysema, etc.
- Right now, how is your breathing on a scale of 0-10? At its worst ____? At its best ____?
- Can you describe your breathlessness? What does it feel like?
- How long does your breathlessness last? Is it constant? Does it come and go?
- What makes it worse? (When you speak, walking on the level ground, at rest, with exertion, talking, climbing stairs, lying down vs. standing up, weather – humidity).
- What makes it better? (Medications, puffers, oxygen, fresh air, fan, rest, breathing exercise, or when you relax)
- It there anything else that is occurring with your breathlessness? (Fever, pain, chest pain, cough [colour of sputum], wheezing, stridor, mental confusion)



Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
 - Record assessment, interventions, and any follow-up plans
 - Refer to CCAC or other appropriate colleagues as indicated
 - Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
 - Reinforce with patient when to seek immediate medical attention
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- Comfort measures – Positioning, relaxation, distraction, breathing retraining techniques, (See Addenda - Figure 1) take medications & Oxygen.
 - Review preventative measures – breathing exercises, avoid symptom triggers, pace and prioritize activities.
 - Record episodes of breathlessness and self-interventions – at rest, medications, keep track of number of episodes and intensity (Scale 0-10).
 - Document adverse effects of treatment as needed
 - Avoid things that make breathing worse, i.e. cold air, humidity, tobacco smoke

Potential Complications

- Reduced ability to cough – greater risk for infection
- Altered fluid and electrolyte balance – ie, risk for hypokalemia, hyponatremia, hypercalcemia.
- Constipation, diarrhea (overflow due to impacted feces), fatigue, delayed wound healing, depression.
- ↓Quality of Life

Risk Factors/Possible Causes

- **Oncologic Emergency: Superior Vena Cava Syndrome**
- **Direct** Tumor Effects (i.e. Primary Lung cancer or metastatic effects such as airway obstruction, atelectasis)
- **Indirect** Tumor Effects (i.e. Pneumonia, pulmonary embolism, anemia, pleural effusion, hepatomegaly, congestive heart failure, pre-existing pulmonary disease, COPD, asthma).
- **Treatment** Side Effects (i.e. Pneumonitis or fibrosis from chemotherapy or radiotherapy).

Figure 1: Breathing Retraining Techniques

Diaphragmatic breathing

- Patients are taught to consciously expand their abdominal wall during inspiratory diaphragm descent – success can be checked by placing one hand on the abdomen and the other on the chest.
- Patients are advised to carry out this exercise, in the supine position, over 10-20 minutes for three times a day. After six to eight weeks improvements can be seen in the breathing patterns, blood gases and expiratory muscle strength.

Pursed lip breathing

- Patients are taught to consciously breathe in through their nose, then to breathe out through partially pursed lips. Expiration, therefore, takes twice as long.
- Pursed lip breathing is especially usefully during periods of increased ventilation.
- Pursed lip breathing can lead to improvements in the breathing pattern and respiratory muscle function, but the impact on the symptom of breathlessness is variable.

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CONSTIPATION GUIDELINE



Constipation is defined as infrequent, excessively hard and dry bowel movements resulting from a decrease in rectal filling or emptying.

Common terms: “bloated”, “bowel problems”.

General Assessment

<ul style="list-style-type: none"> ▪ Name, DOB, Clinic identification number, Physician ▪ Diagnosis, Treatment: Type, Date of last treatment 	<ul style="list-style-type: none"> ▪ Current medications, Allergies ▪ Pharmacy name and number
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Symptom Assessment

<ul style="list-style-type: none"> ▪ Number of stools/day or date of last bowel movement ▪ Associated symptoms: motor weakness, sensory loss, pain, nausea, vomiting, abdominal distention/rigidity, passing of flatus, urinary retention ▪ If vomiting, describe colour, odor, consistency, amount ▪ Normal elimination patterns: frequency, consistency, colour 	<ul style="list-style-type: none"> ▪ Review of present food and fluid intake ▪ Concomitant disease - diabetes, hypothyroidism or other ▪ What are you currently using to treat your constipation? Is it working?
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Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> • Severe abdominal pain ± nausea or vomiting. • Fecal smelling vomit. • Severe and rigid abdominal distention • History of recent abdominal surgery • Sensory loss +/- motor weakness 	<ul style="list-style-type: none"> • Increased nausea, vomiting • Increasing abdominal pain, distension • No bowel movements for greater than 3 days 	<ul style="list-style-type: none"> • Dry or hard stool ± abdominal pain • History of immobility • Increased anorexia • Decreased fluid intake • Bowel regime not followed as prescribed • No bowel movement for 2 days



Requires immediate medical attention	Requires medical attention within next 24 hours	Support, teaching and follow-up as required
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Patient Teaching

Diet	Bowel Regime	Activity
<ul style="list-style-type: none"> • Increase fibre: whole grain products, bran, fresh fruit, raw vegetables • Increase fluid intake: 8-12 glasses per day • Limit use of gas-producing foods: cabbage, beans, green peppers 	<ul style="list-style-type: none"> • Review stool softeners and laxatives prescribed • Ensure proper use of daily bowel regime • Emphasize importance of daily bowel program, particularly if on constipating therapeutic agents (opioids, Ondansetron, Vincristine, etc.) 	<ul style="list-style-type: none"> • Increase activity level as able

Follow-up/Evaluation/Documentation

<ul style="list-style-type: none"> ▪ Record date and time of telephone encounter ▪ Record assessment, interventions, and any follow-up plans ▪ Refer to CCAC or other appropriate colleagues as indicated ▪ Reinforce with patient to call back if symptoms do not improve or begin to deteriorate ▪ Reinforce with patient when to seek immediate medical attention

CONSTIPATION GUIDELINE

Addenda



Potential Complications

- Mechanical obstruction
- Inadequate absorption of oral drugs
- Metabolic disturbance
- Fecal impaction
- Rectal tearing, fissure, hemorrhage
- Bowel obstruction

Risk Factors/Possible Causes

Oncologic Emergency: Consider Spinal Cord Compression
Consider Hypercalcemia

Pharmacologic Agents: Analgesic opiates, chemotherapeutic agents (Vincristine, Vinblastine), some antiemetics (Ondansetron), anticonvulsants, some psychotropic medications.

Pathologic process: bowel obstruction or non-mechanical obstruction e.g.: paralytic ileus

Extrinsic factors: diet, dehydration, lack of privacy

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DIARRHEA GUIDELINE



Diarrhea is an abnormal increase in quantity, frequency and fluid content of stool and often associated with urgency, perianal discomfort and incontinence.

Common Terms: loose stools, loose BM's, "runs," "problem with my bowels."

General Assessment

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|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, Physician Diagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Onset, duration, volume of diarrhea Number, consistency and colour of stools in last 24 hrs Any mucous or blood? How much? Normal bowel patterns, any ostomy? Any associated cramps, gas, abdominal pain, distension or tenesmus (ineffectual straining) Have you tried treating the diarrhea? With what? Has it been effective? Any recent antibiotic use or any recent hospitalization If on chemo, what and when last given | <ul style="list-style-type: none"> If on rads, what area and how many treatments Are you receiving chemo and rads together Any other symptoms: i.e. nausea, vomiting, - thirst, dry mouth or skin, dizziness, fever, skin irritation around anus or stoma, weight changes Any recent changes in normal eating pattern (i.e. eating out) How is the skin around your anus or ostomy? Are you able to drink and keep fluids down? How much? What kinds of fluids? Amount and character of urine |
|--|--|



Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> Abdominal or rectal pain, N & V > 10 stools per day Grossly bloody stools Dehydration, dizziness Fever = or > 38° 	<ul style="list-style-type: none"> 6 – 10 stools per day and severe cramping Presence of blood or mucus in stools Not able to tolerate adequate fluids Skin breakdown 	<ul style="list-style-type: none"> 4 - 6 stools per day Some cramping Some nocturnal BM's Able to tolerate adequate amounts of fluids



Requires immediate medical attention	Requires medical attention within next 24 hours	Support, teaching and follow-up as required
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Patient Teaching

- Adjust diet by ↓ fibre (fresh fruit, veg, bran, nuts, seeds), eliminate milk and milk products, caffeine and alcohol
- Avoid greasy, spicy or sugary foods.
- ↑ fluid intake as tolerated to 8 – 12 8 oz cups/day and eat frequent small meals of cooked fruits/vegetables, rice, lean meats, fish or chicken, bananas, applesauce, toast
- Take antidiarrheal medications as prescribed by MD or according to package instructions
- Encourage "sport" drinks like Gatorade or Powerade
- Comfort measures: sitz baths, tucks, hemorrhoid barrier creams as needed

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention

DIARRHEA GUIDELINE



Addenda

Potential Complications

- Malnutrition, dehydration
- Renal insufficiency, electrolyte imbalance
- Cardiovascular compromise
- Reduced absorption of oral medications
- Perianal inflammation, irritation, bleeding
- Anxiety, sleep disturbances, fatigue
- Abdominal pain
- Decreased quality of life
- Disrupted skin integrity

Risk Factors/Possible Causes

- Abdominal or pelvic radiation
- Use of alternative therapies (dietary supplements, herbal remedies, coffee enemas)
- Antibiotics, laxatives, antacids, NSAIDS
- Surgery (gastrectomy, vagotomy, intestinal resection)
- Diet, enteral tube feedings
- Lactose intolerance
- Graft vs Host Disease
- Chemotherapy: 5FU, capecitabine, cisplatin, cyclophosphamide, cytosine arabinoside, daunorubicin, docetaxel, doxorubicin, interferon, irinotecan, leucovorin, methotrexate, oxaliplatin, topotecan
- Other medical conditions include irritable bowel syndrome, infection (viral, bacterial, protozoan, parasitic, fungal), surgery, fecal impaction

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DYSURIA/NOCTURIA/HEMATURIA GUIDELINE



Altered Urinary Elimination

Dysuria: Painful or difficult urination

Nocturia: Excessive urination at night

Hematuria: Discharge of blood in the urine

Common Terms: "hurts to pee", "peeing all the time", burning when I urinate, feeling like I need to pee but can't

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, PhysicianDiagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

- Onset, duration, current voiding pattern (frequency, urgency, hesitation)
- Time of last voiding
- Appearance of urine: colour, clarity, presence of blood or mucus
- Volume of urine
- Usual voiding pattern
- Presence of pain: location, description, duration
- Recent procedures: catheterizations, TURP, high-dose radiation, biopsy
- Any accompanying symptoms: fever, fatigue, dizziness, SOB
- Sexual activity
- How much fluid intake in 24 hours
- History of urinary tract infections
- Date of latest blood work and urinalysis



Emergent

- Acute pain
- Unable to void > 10 hours with normal fluid intake
- Frank bleeding
- Fever > 38 ° C

Urgent

- Significant changes in voiding pattern causing discomfort/distress
- Change in character of urine

Non -Urgent

- Minor changes in normal voiding pattern



Requires immediate medical attention

Requires medical attention within next 24 hours

Support, teaching and follow-up as required

Patient Teaching

Follow-up/Evaluation/Documentation

- Encourage fluid intake of 8-12 8 oz glasses per day
 - Reduce fluid intake after supper
 - Avoid foods and fluids that irritate the bladder, i.e. spices, coffee, alcohol
 - Encourage lubrication during intercourse, and post coital voiding for women
 - Avoid soaking in the bath, Jacuzzi or hot tub
 - Avoid powdered or perfumed personal hygiene products
 - May take an over-the-counter antiinflammatory (e.g.: ibuprofen) before bedtime – reduces inflammation, edema etc.
-
- Record date and time of telephone encounter
 - Record assessment, interventions, and any follow-up plans
 - Refer to CCAC or other appropriate colleagues as indicated
 - Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
 - Reinforce with patient when to seek immediate medical attention

DYSURIA/NOCTURIA/HEMATURIA GUIDELINE

Addenda



Potential Complications

- Acute renal failure
- Bladder distension
- Disruption of quality of life, sleep disturbances, fatigue

Risk Factors/Possible Causes

- **Oncologic Emergency:** Spinal Cord Compression
- History of chronic UTI
- Diabetes
- Infection
- Benign Prostatic Hypertrophy
- Chemotherapy, i.e. cyclophosphamide
- Current Medications, i.e. opioids, diuretics, some antihypertensives e.g.: Flomax, Cardura (Flomax and Cardura can cause fainting, postural hypotension when used with antihypertensives or other alpha/beta blockers)
- Disease Progression
- Invasive Pelvic procedures, e.g. TURPS, cystoscopy, hysterectomy, prostatectomy
- Pelvic Radiation in men or women via external beam or brachytherapy
- Treatment -induced inflammation
- Obstruction

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FATIGUE GUIDELINE



Fatigue is defined as an unusual, persistent, subjective sense of tiredness related to cancer or cancer treatment that interferes with usual functioning

Common Terms: tired, weak, worn out, wasted, exhausted, no energy, can't concentrate on anything

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, PhysicianDiagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

↓	↓	↓
Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> Sudden onset of severe fatigue Chest pain Tachycardia Shortness of breath at rest Hemorrhage/rapid blood loss 	<ul style="list-style-type: none"> Severe fatigue (> 6 on scale)Functional deficits affecting QOL Exertional SOB 	<ul style="list-style-type: none"> 1-6 on scale Ability to carry out ADL's
↓	↓	↓
Seek immediate medical attention	Requires medical attention within the next 24 hours	Support, teaching and follow-up as required

- Onset and duration
- Any other symptoms: signs of bleeding, skin/membrane pallor, feeling cold, feeling faint, dizziness, shortness of breath (at rest or with activity), rapid heart beat, chest pain, leg heaviness
- Do you feel rested after a night's sleep?
- Ability to carry out ADL's? How has this changed?
- How much time in bed in last 24 hours? Has this changed?
- Does anything help to alleviate your fatigue? Specifically?
- Any difficulty concentrating? Maintaining attention to conversation?
- Do you feel sad, anxious, or stressed?
- Could you score your feeling of fatigue on a scale 0-10: 0 = no problems; 10 = total exhaustion, 1-4 = mild; 4-6 = moderate; 7-9 = severe
- Have you had a blood transfusion? When?
- Are you able to eat and drink normally?

Patient Teaching

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention

- Employ energy conservation strategies: set priorities, pace activities, delegate as needed
- Schedule rest periods throughout the day
- Explore restorative therapies i.e. games, music, reading
- Stress management options: relaxation techniques
- Increased physical activity has been shown to promote circulation, to increase energy levels, to impart a feeling of well-being and to promote better sleep patterns. Encourage to increase physical activity/exercise as able
- 75% of patients undergoing cancer treatment experience fatigue.
- Fatigue can exist independently of anemia.
- Fatigue can be episodic in nature but is often cumulative.
- Treatment-related fatigue is NOT an indicator of disease progression.
- Cancer related fatigue is not preventable but is often manageable.

FATIGUE GUIDELINE

Addenda



<i>Potential Complications</i>		
<ul style="list-style-type: none"> ▪ Reduced Quality of Life ▪ Depression ▪ Cognitive Dysfunction 	<p>Potential Complications of Anemia:</p> <ul style="list-style-type: none"> • Severe tissue hypoxia which may result in Myocardial Ischemia/Infarct • Cognitive dysfunction • Anorexia 	
<i>Risk Factors/Possible Causes</i>		
<ul style="list-style-type: none"> ▪ Chemotherapy and/or Radiation ▪ Anemia ▪ Sleep Disturbances ▪ Fluid & Electrolyte Imbalances ▪ Infection ▪ Disease Process ▪ Medication side effects ▪ Depression ▪ Changes in Activity or Exercise Patterns ▪ Stress 	<p><u>Potential Causes of Anemia Related to Malignancy:</u></p> <ul style="list-style-type: none"> ▪ Anemia of chronic disease ▪ Bone marrow infiltration ▪ Myelosuppressive effects of chemotherapy ▪ Bleeding ▪ Hemolysis ▪ Infection ▪ Nutritional deficiencies 	<p><u>Treatment of Anemia:</u></p> <ul style="list-style-type: none"> ▪ Treat underlying cause, i.e. bleeding, iron deficiency ▪ Red Blood Cell transfusion ▪ Erythropoietin if appropriate
<i>References</i>		
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FEVER GUIDELINE



Fever is defined as an oral temperature greater than or equal to 38° C (100.4°F)

Common Terms: Having a temperature, having “chills.”

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, Physician Diagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

- | | |
|---|---|
| <ul style="list-style-type: none"> Temperature, Onset, Duration, Pattern <u>When</u> and <u>what</u> was your last cancer treatment? Have you had recent blood work? When, where? Any chills, shaking, muscle or bone aching or exposure to contagious illness? If so, what? What fever remedies have been taken so far? When? Have they helped? | <ul style="list-style-type: none"> Any recent hospitalizations? When, where? Any other symptoms: headache or difficulty concentrating, SOB, cough or sputum, open or draining mouth sores, other open or draining wounds, urinary burning or urgency, pain or problems with BM's, new rashes Is there a Venous Access Device? Type, appearance of site (redness, swelling, warmth etc), when last accessed Any recent trips out of the country? |
|---|---|



Emergent

- Myelosuppressive Tx within last 1-3 weeks
- Confirmed neutropenia by blood result
- Severe headaches, SOB
- Changes of mental functions
- Severe stomatitis (severe ulceration - unable to swallow)
- Possible wound or other infection
- Still febrile after 48 hours of antibiotic Tx

Urgent

- Persistent chills
- Fever longer than 24 hours
- Have a Venous Access Device
- Stomatitis (painful erythema, edema)

Non-Urgent

- Known side effect of biologic agents (see addenda for list of biologic agents)



Seek immediate medical attention

Requires medical attention within the next 24 hours

Support, teaching and follow-up as required

Patient Teaching

- Monitor temperature q 2 - 4 h
- Encourage frequent hand washing and oral hygiene with a soft toothbrush
- Avoid enemas, suppositories, douches, tampons or invasive procedures
- Keep wounds clean and dry
- Avoid crowds and people with possible illness (eg flu, common cold)
- Notify MD if come into contact with flu, shingles, chicken pox, mumps or measles
- Take antibiotics/antipyretics as prescribed
- Call back if symptoms worsen
- Increase fluid intake to 8-12 glasses of fluid as able

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention



Potential Complications

- Increased metabolic demands
- Mental status changes, i.e. confusion
- Arrhythmias
- Increased anxiety
- If untreated, febrile neutropenia may lead to life threatening sepsis

Risk Factors/Possible Causes

- **Oncologic Emergency: Febrile Neutropenia**
- Myelosuppressive chemo within the last 2-3 weeks (Nadir is 7-14 days post chemo)
- Infection: Venous Access Device, stomatitis, wound, UTI
- Haematological malignancy
- Age extremes (young and old)
- Tumour
- Allergic or hypersensitive reaction to drugs
- Allergic or hypersensitive reaction to blood component therapies
- Graft versus Host Disease
- Recent flu vaccination
- Drug side effects: i.e. biologic/immunologic therapies (please see below)

Biologic/Immunologic Therapies

Side effects are:

Fever, chills, rigor, muscle aches and pains. Fever can occur within hours of receiving therapy. Examples of biological therapies are Interferon, Interlukin, Granulocyte Macrophage-Colony stimulating factor (GM-CSF), Herceptin, Rituxan, Filgrastim (Neupogen-G-CSF)

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NAUSEA AND VOMITING GUIDELINE



Nausea is an unpleasant sensation ranging from anorexia and indigestion to an inclination to vomit.
Vomiting is a forceful expulsion of stomach contents through the mouth and may include retching (gastric and esophageal movement without vomiting - dry heaves).
Common Terms: "sick to my stomach, pressure in stomach, no appetite, feels like flu, retching, gagging, indigestion"

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, Physician Diagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

- | | |
|---|--|
| <ul style="list-style-type: none"> If on chemo, what and when last given? If on radiation, what area and how many treatments have you received? Nausea: onset, frequency, intensity, alleviating/aggravating factors Vomiting: character, colour, force, quantity, frequency Current use of antiemetics, past remedies | <ul style="list-style-type: none"> Any non-pharmacologic interventions? If so, what and are they effective. Other: How much food/fluid intake over the last 24 hours? Any abdominal distention Presence of flatus, time of last BM? Any signs of dehydration: decreased urine output, fever, thirst, dry mucus membranes, weakness dizziness, confusion |
|---|--|



Emergent	Urgent	Non-Urgent
<ul style="list-style-type: none"> Blood or coffee ground emesis Severe abdominal pain or headache Weak, dizzy, incoherent or unresponsive 	<ul style="list-style-type: none"> Evidence of dehydration (see addenda) Unable to eat or drink for 24 hours Treatment change not effective within 6 hours 	<ul style="list-style-type: none"> Acute, delayed or anticipatory Chemotherapy-related nausea and vomiting No evidence of dehydration



Seek immediate medical attention	Seek medical attention within the next 24 hours	Support, teaching and follow-up as required
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Patient Teaching

- Review prescribed antiemetic therapy, dose schedule, route
- Consider changing antiemetic or route
- Take prescribed antiemetics regularly for three days following each chemo treatment, before meals, and before treatment
- Encourage sips of clear fluids as tolerated
- Small, frequent meals, cold foods, bland, non-spicy food, no extreme temperatures, no strong odors
- Teach to monitor for signs of dehydration
- Notify MD if unable to maintain fluid intake for 24 hours
- Distraction strategies: (to be used in addition to anti-emetic therapy) music, moderate exercise, relaxation, breathing exercises
- Instruct to re-contact if condition does not improve

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention

NAUSEA AND VOMITING GUIDELINE



Addenda

Potential Complications

- Dehydration/Electrolyte imbalance
 - Signs of dehydration: increased thirst, loss of skin turgor, dry mouth, decreased urine output, postural hypotension, weakness, dizziness, confusion
 - Metabolic alkalosis in severe vomiting
- Decreased mental/physical status
- Potential for aspiration pneumonia
- Decreased nutrition, esophageal tears
- Decreased self care ability

Risk Factors/Possible Causes

- Age extremes (young and old)
- Gender: More common in women
- Advanced stage disease
- High level of anxiety
- Moderate to high emetogenic chemotherapy agents e.g.: cisplatin, cytarabine, cyclophosphamide, etoposide
- Susceptibility to GI distress
- Opioid narcotics, severe pain
- Bowel obstruction, constipation, ascites
- Hypercalcemia, electrolyte disturbances
- CNS lesions, increased ICP
- Gastric or CNS radiation
- Non-Oncological: flu, food poisoning, etc

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ORAL STOMATITIS/MUCOSITIS GUIDELINE



Stomatitis is an acute inflammation or ulceration of the oral or oropharyngeal mucosal membrane. It is often referred to as oral mucositis. Common terms are sore mouth, mouth sores.

General Assessment

<ul style="list-style-type: none"> Name, DOB, Clinic identification number, PhysicianDiagnosis, Treatment: Type, Date of last treatment 	<ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number
--	--

Symptom Assessment

<ul style="list-style-type: none"> Do you have pain in your mouth? Is there any bleeding in your mouth? If so, for how long? Do you have a temperature? Do you have any blisters, ulcers or white patchy areas on your tongue, lips or in your mouth? If so, how many do you have and how long have you experienced this problem? Do you have any saliva? If so, is it thicker than usual? 	<ul style="list-style-type: none"> Are you able to drink or eat? If so, please specify the quantity. Have you lost any weight? Please specify the amount. Do you have dentures? If so, are you able to wear them, or do they aggravate the pain? Does eating or swallowing make the pain worse? Are you using any mouthwashes? If so, what type? Are you using any analgesic? Please specify. Are you using any other types of treatment? i.e. holistic or herbal.
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Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> Temperature ≥ 38 C Unable to drink fluids Respiratory distress Bleeding from oral ulcers Pain not controlled by current analgesic Blistered or cracked tongue 	<ul style="list-style-type: none"> Evidence of dehydration (see addenda) Unable to eat or drink for 24 hours Treatment change not effective within 6 hours Whitish covering of oral mucosa 	<ul style="list-style-type: none"> Painless ulcers, erythema Mild soreness in absence of lesions



Seek immediate medical attention	Seek medical attention within the next 24 hours	Support, teaching and follow-up as required
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Patient Teaching

- Perform mouth care at least four times a dayUse an extra-soft toothbrush, rinse toothbrush after useBrush tongueKeep lips lubricated with a water or aloe-based balmDo not use alcohol-based mouthwashes. Instead, use a mouthwash of 1 tsp. salt per cup of warm water or a prescription from your physician Drink 8-12 cups (250 mls) of fluid per day, avoid acidic or carbonated drinksAvoid alcohol and smokingEat a soft diet. Avoid foods that are acidic, salty, spicy or dryIf mouth is sensitive, use dentures only at mealtimeSuck on sugarless candy or gum to keep mouth moistMonitor temperature q4hAvoid very hot foods (temperature)Use systemic and/or local analgesia for painMedicated mouth rinse as prescribed by physician

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention

ORAL STOMATITIS/MUCOSITIS GUIDELINE



Addenda

Potential Complications

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Systemic infection▪ Quality of life▪ Malnutrition | <ul style="list-style-type: none">▪ Airway obstruction▪ Dehydration▪ Constipation |
|---|---|

Risk Factors/Possible Causes

- **Chemotherapeutic Agents:** (high risk are: cytarabine, 5FU, methotrexate, bleomycin, doxorubicin, etoposide, mitomycin c, mitoxantrone, docetaxel, paclitaxel, vinblastine, vincristine), anticholinergics and antihistamines, phenytoin and steroids.
- **Radiation Therapy:** inflammatory response to treatment in head and neck region
- **Oral Tumours:** disrupt the integrity of the oral mucosa, which may cause inflammation/infection
- Bone marrow transplantation
- Age extremes
- Exposure to alcohol, tobacco, hot acidic or spicy foods
- Poor nutritional status, dehydration
- Poor oral hygiene
- Pre-existing chronic dental infection: gum disease, tooth decay

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PAIN GUIDELINE



Pain: Acute or chronic discomfort of any duration and intensity. "Pain is what the patient says it is."

Common Terms: Aches, discomfort, soreness

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, PhysicianDiagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

- Location:** note whether external or internal, note whether stationary or radiating. Is it a new site of pain?
- Intensity (0 to 10):** Include present rating of pain, rating of pain at it's worst; rating of pain at it's least, rating of acceptable pain.
- Description:** Use patient's words, i.e. dull, ache, stabbing, sharp, unbearable, cramping, burning, exhausting, pins and needles, throbbing.
- Associated symptoms:** nausea, vomiting, constipation, anxiety, dyspnea, numbness/tingling, urinary retention, anorexia, motor weakness, pain related distress, effects on ability to carry on with daily life
- Duration:** How long does pain usually last? i.e. seconds, minutes, hours, constant
- Aggravating/Alleviating Factors:** walking, moving, eating, time of day (when), heat, cold, distraction, massage lying still, relaxation, changing position, medication, other.
- How are current pain medications being used?
- What does the pain interfere with? i.e. coping, social activities, sleep/rest, talking/emotions, appetite
- What has been prescribed for any medication side effects?
- What are the patient's expectations regarding pain control?



Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> Patient in acute distress/discomfort Pain onset is sudden and acute Acute exacerbation of previous levels Has developed a new site for pain Associated motor weakness Analgesics interfering with ADL's 	<ul style="list-style-type: none"> Moderate pain Pain or analgesics interfering with function but not interfering with ADL's Patient states he/she cannot manage pain with present treatment regime 	<ul style="list-style-type: none"> Patient not using analgesia effectively Mild pain not interfering with ADL's Requires prescription and/or referral



Requires immediate medical attention	Requires medical attention within next 24 hours	Support, teaching and follow-up as required
---	--	--

Patient Teaching

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
 - Record assessment, interventions, and any follow-up plans
 - Refer to CCAC or other appropriate colleagues as indicated
 - Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
 - Reinforce with patient when to seek immediate medical attention
-
- Take analgesic regularly. Use breakthrough doses as needed. Use a diary to track pain and keep record of effectiveness and side effects of analgesia. Assess and review bowel routine.
 - If waking up at night, plan to take a breakthrough dose before going to bed
 - Anticipate possible painful events eg: bathing, and premedicate with analgesic an hour beforehand
 - Review non-pharmacologic measures to be used in concert with analgesics: imagery/distraction techniques can be used while waiting for analgesic to take effect, massage promotes muscle relaxation, heat or cold may diminish pain sensation, social activities may distract from pain, music and relaxation exercises facilitates concentration and attention on sensations other than pain



Potential Complications

- Disruption of ADL Psychosocial distress, i.e. anxiety/depression Decreased quality of life Inadequate pain management leads to increased pain related distress which can increase interference with daily life activities

Risk Factors/Possible Causes

- **Oncologic Emergency: Spinal Cord Compression, Superior Vena Cava Syndrome Risk factor for inadequate pain management: Knowledge Deficit**
- Tumor involvement Tumor metastasis
- Mucositis
- Diagnostic or treatment procedure
- Radiation Therapy
- Chemoherapy7
- Post Surgical
- Not cancer related

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SKIN ALTERATION GUIDELINE



Skin Reaction or Condition: A change in the colour, texture or integrity of the skin.

Common Terms: rash, blisters, lesions, dermatitis, cracking, peeling, a burn, pimples, inflammation, redness

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> Name, DOB, Clinic identification number, PhysicianDiagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> Current medications, Allergies Pharmacy name and number |
|--|--|

Symptom Assessment

- | | |
|--|---|
| <ul style="list-style-type: none"> Concurrent therapy, i.e. Chemo and radiation therapy Is there a history of bone marrow/stem cell transplant (Have you been told that you have Graft vs. Host Disease?) Onset, pattern, duration Any accompanying symptoms? fever, malaise, nausea, diarrhea, headache? Colour, odor, any swelling Bumpy or smooth Wet or dry Itchy or not Warm or cool | <ul style="list-style-type: none"> Pain or tenderness, does it interfere with ADL Attempted remedies? Do they help? Incontinence Wound history, any signs of wound infection (redness, tenderness, discharge, describe) Presence of VAD? Any co-morbidities e.g.: diabetes Any recent bloodwork Any new or different food or drinks? Any new or different hygiene/cleaning products? Exposure to someone with infectious illness? Previous radiation treatment? Exposure to sun? |
|--|---|



Emergent

- Fever of 38 C or greater
- Potential VAD infection
- Potential wound infection
- History of Graft vs. Host Disease

Urgent

- Discomfort affecting ADL
- Exposure to infectious individual
- Rapid progression of symptoms
- Open, draining lesion(s) Suspected zoster infection

Non -Urgent

- Expected changes
- Improvement with home remedy



Requires immediate medical attention

Requires medical attention within next 24 hours

Support, teaching and follow-up as required

Patient Teaching

- | | |
|--|--|
| <ul style="list-style-type: none"> Cool or lukewarm baths, mild soap, pat dry (no rubbing) Use moisturizing water-based emollients, (Keri, Neutrogena, LubriDerm, etc.) on intact skin only. Avoid tight clothing and harsh fabrics to reduce skin trauma; cotton recommended If allergic reactions suspected - antihistamines, calamine lotion, Aveeno bath Avoid perfumed products for laundry, and personal hygiene Sun protection; sunscreen with SPF of 15 or greater to avoid sun damage Vit B6 (Pyridoxine) may decrease severity of hand foot syndrome (Alley, 2002) | <ul style="list-style-type: none"> Avoid direct application of cold to area (ice pack) Avoid chlorinated pools, Jacuzzis Don't shave site of irritation Sitz baths for perianal irritation Cornstarch to dry, intact skin to soothe itching and help with friction – do not use in skin folds or on open areas. Skin open to air if possible Drink 8-12, 8-oz glasses of fluid per day (maintain hydration) Avoid tape or Band-Aids to irritated skin Wash hands frequently and avoid scratching or breaking of lesions |
|--|--|

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention

SKIN ALTERATION GUIDELINE

Addenda



Potential Complications

- Infection localized or systemic (herpes zoster)
- Anxiety, sleep disturbance, fatigue
- Compromised QOL
- Loss of function in affected area
- Significant pain in affected area

Risk Factors/Possible Causes

- Graft vs. Host Disease
- Hypersensitivity reactions: urticaria, angioedema, rash
- Radiation sensitivity and recall: skin reactions in previously irradiated tissue or increased skin sensitivity to RT
 - Associated chemo drugs: Bleomycin, Docetaxel, Doxorubicin, 5FU, Gemcitabine, Vinblastine, Daunorubicin
- Allergic reaction/contact dermatitis: maculo papular rashes
- Infectious agents, i.e. Herpes zoster (shingles, chicken pox)
- Chemotherapy side effect, i.e. Palmar-plantar erythrodysesthesia from: Caelyx or 5FU, Xeloda, Bleomycin, Docetaxel, Capecitabine, Cytarabine, Thiotepe
- Vesicant extravasation, vascular discoloration
- Insect bite, or contact with a parasite
- Skin integrity alteration related to cancer of the skin, or liver involvement
- Sun exposure causing blistering

Definition of Common Descriptive Types

- Palmar-plantar erythrodysesthesia begins as erythema and edema of palms and/or soles, sensitivity, paresthesia and can progress to desquamation and significant pain.
- **Macule** - a flat mark, circumscribed area of colour change
- **Papule** - elevated 'spot', palpable, firm, generally < 5mm (insect bite)
- **Nodule** - elevated, firm, circumscribed, palpable and can involve all layers of the skin; > 5mm
- **Plaque** - elevated, flat topped, firm, rough, superficial papule, > 2cm in diameter. Papules can coalesce to form plaques. (psoriasis)
- **Wheal** - elevated, irregular-shaped area of cutaneous edema, solid, transient, variable diameter, red, pale pink, or white in colour. (urticaria)
- **Vesicle** - elevated, circumscribed, superficial fluid filled blister, < 5mm in diameter.
- **Bulla** - a vesicle > 5mm in diameter
- **Pustule** - elevated, superficial pus filled vesicle (impetigo)
- **Scale** - heaped up keratinized cells, flakey exfoliation, thick or thin, dry or oily variable size (psoriasis)
- **Crust** - dried serum, blood or exudates, slightly elevated.
- **Excoriation** - loss of epidermis.

Note: Lesions that appear red or brown on white skin, would appear black or purple on pigmented skin and mild degrees of erythema may be masked completely.

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SKIN REACTION FROM RADIATION GUIDELINE



Radiation Skin Reactions are due to injury to normal cells in the radiation treatment area. Severity is related to the dose of radiation, other concurrent treatments and individual facts.

Common Terms: Radiation burns, raw skin

General Assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Name, DOB, Clinic identification number, Physician ▪ Diagnosis, Treatment: Type, Date of last treatment | <ul style="list-style-type: none"> ▪ Current medications, Allergies ▪ Pharmacy name and number |
|--|--|

Symptom Assessment

- | | |
|---|---|
| <p>Radiation Therapy:</p> <ul style="list-style-type: none"> ◆ When did it start? ◆ When was treatment complete? ◆ What part(s) of the body were treated? ◆ Have you had previous radiation treatments? <p>Chemotherapy:</p> <ul style="list-style-type: none"> ◆ Are you receiving oral or IV chemotherapy? ◆ Which chemo medications did you receive and when? ◆ Are you receiving chemotherapy and radiation therapy together? <p>Are you experiencing the following?</p> <ul style="list-style-type: none"> ◆ Dryness and/or itchiness (pruritus) ◆ Redness, tenderness, heat, edema (erythema) | <ul style="list-style-type: none"> ◆ Peeling (dry desquamation) ◆ Weeping, moist, wet, painful, edema, drainage, crusting (moist desquamation) <p>Are you having difficulty swallowing, eating or drinking?</p> <p>Are there signs of infection?</p> <ul style="list-style-type: none"> ◆ Abnormal drainage and/or odour ◆ Fever ◆ Pain and swelling <p>Are you having difficulty moving or walking?</p> <p>Is the skin reaction causing excessive pain, associated nausea or fatigue?</p> <p>What remedies are you using to ease your skin reaction discomfort? Have they been effective?</p> <p>What medications are you taking for your reaction?</p> |
|---|---|



Emergent	Urgent	Non -Urgent
<ul style="list-style-type: none"> • Fever of 38 C or greater • Other signs of infection • Uncontrolled pain 	<ul style="list-style-type: none"> • Discomfort affecting ability to perform ADL • Current treatment not working • Worsening of symptoms, i.e. new, onset of moist desquamation 	<ul style="list-style-type: none"> • Improvement with self-care strategies



Requires immediate medical attention	Requires medical attention within next 24 hours	Support, teaching and follow-up as required
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Patient Teaching

- Avoid friction, i.e. skin surfaces rubbing together, clothing rubbing against skin
- Avoid temperature extremes, i.e. heating pads, ice packs
- Avoid irritants, i.e. deodorants, strong soaps, perfumes, lotions (other than those recommended by the physician or nurse)
- Avoid exposure to the sun and to cold winds
- Wash skin gently with a mild soap and lukewarm water. Pat dry.
- Do not use cornstarch if skin is not intact or in skin-fold/crease areas, i.e. axilla, groin gluteal folds)
- Avoid using adhesive tape over the treated area
- Use pain medications/anti-inflammatories regularly
- Use moisturizing water-based emollients on intact skin, i.e. Glaxal Base, Lubriderm
- Report signs and symptoms of infection, i.e. fever, drainage, odour
- Maintain good nutritional and fluid intake to promote tissue repair.

Follow-up/Evaluation/Documentation

- Record date and time of telephone encounter
- Record assessment, interventions, and any follow-up plans
- Refer to CCAC or other appropriate colleagues as indicated
- Reinforce with patient to call back if symptoms do not improve or begin to deteriorate
- Reinforce with patient when to seek immediate medical attention

SKIN REACTION FROM RADIATION GUIDELINE

Addenda



Potential Complications

- Local infections
- Anxiety, sleep disturbance
- Compromised QOL

Risk Factors/Possible Causes

- Body areas with increased moisture and friction, i.e. axilla, perineum, inframammary fold, behind the ears
- Other body areas, i.e. chest wall, supraclavicular area, head and neck, face
- Pre-existing conditions, (i.e. diabetes, skin grafts, vascular disease)
- Age (advancing age may contribute to degenerative changes and compromised blood flow)
- Chronic sun exposure (thins epidermis and increases skin radio sensitivity)
- Smoking (increases tissue hypoxia and retards healing)
- Concurrent chemotherapy, i.e. doxorubicin, methotrexate, 5-FU, hydrourea, bleomycin

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