GUIDANCE FOR THE MANAGEMENT OF PATIENTS WHO BECOME ILL WITHIN 6 WEEKS OF CHEMOTHERAPY

!! The patient has often been informed regarding necessary actions. Please ask if they have been given advice and act accordingly. !!

PRESENTING PROBLEM	SIGNS & SYMPTOMS	REQUIRED ACTION
Critically Ill Patients (Unresponsive/Hypotensive)	Multi-organ failure. Acute bleeding (DIC)	Admit to nearest A&E
Evidence of infection Pyrexia or hypothermia within 6 weeks post chemotherapy	Potentially life threatening Neutropenic Sepsis	Contact treatment unit to arrange emergency admission via 999 ambulance
Typhlitis – a rare complication due to neutropenic caecitis/colitis	Potentially life threatening. May mimic acute abdomen/appendicitis	Contact treating unit to discuss emergency admission via 999 ambulance
Delayed emesis (Occurring 24 hours after chemotherapy)	Up to 5 episodes of vomiting in 24 hours	If this has occurred immediately on stopping 5HT3 antagonists, then these can be continued for a further 2-3 days If occurs later than this, give Metoclopramide 10mgs tds If further problems, discuss with treating unit
	> 5 episodes of vomiting in 24 hrs and/or requires IV fluids	Admit to treating unit
Diarrhoea	Increase of 4-6 stools/day or nocturnal stools	Loperamide 4mgs initially, then 2mgs after each loose stool up to 5 days (max 16mgs daily)
	Increase of >7 stools/day or incontinence, or needs IV fluids	Admit to treating unit
Exception Diarrhoea on Irinotecan	First liquid stool	Loperamide 4mgs orally initially after first liquid stool then 2mgs every 2 hours thereafter up to 12 hours after last liquid stool for maximum of 48 hours. (Ignore usual maximum dose 16mgs daily)
	Symptoms do not settle, dehydration or pyrexia occurs	Admit to treating unit
Mucositis (stomatitis)	Painful erythema, oedema or ulcers but can swallow	Oral care & pain relief ▪ Biotene® MW 10mls qds **+/-** paracetamol Discomfort from ulcers ▪ Adcortyl in Orabase – apply a thin layer 2-4 times daily Oral candidiasis ▪ Nystatin oral suspension, 1ml to be held in mouth for at least a minute before swallowing, qds after food ▪ Fluconazole 50mgs od for systemic treatment of oral candidiasis for 7 days
	Painful erythema, oedema or ulcers. Unable to swallow. Requires IV fluids	Admit to treating unit

Palmar Plantar syndrome	Redness of palms of hands/soles of feet Skin breakdown/hacks	Use simple emollient Stop capecitabine tablets and seek advice from treating Oncologist
Hypomagnesaemia	Non-specific symptoms but can include muscle weakness, cramp, carpopedal spasm. Seizures and ECG changes in severe depletion.	If level is 0.55-0.7mmol/l: oral magnesium (12-15mmol in divided doses). Rx: Magnaspartate sachets 6.5g - 2 sachets bd. If magnesium< 0.55mmol/l discuss with treating unit re IV infusion

Radiotherapy Related Problems

PROBLEM	SEVERITY	ACTION
Patient becomes ill during or after radiotherapy	Symptoms will vary depending on site being treated	9-5pm – Contact Treating Oncology Team for advice. If out of hours/weekend/Bank Holiday and urgent contact 028 9026 3805

Non-Cancer Related Acute Problems

PROBLEM	ACTION
Oncology patient presents with potential medical cardiac or surgical problem	Refer to nearest appropriate facility **after seeking advice from treating oncologist**

Cancer Units and Centre Contact Numbers

HOSPITAL	WORKING HOURS (09:00 – 17:00, MON-FRI)	OTHER TIMES
ALTNAGELVIN	028 7161 1320 (Sperrin Room)	028 7129 6183 (Ward 10)
ANTRIM	028 9442 4201 or 40 (Laurel House)	028 9442 4505 (Ward B1)
CANCER CENTRE AT BCH	028 9026 3805 (24 hr Oncology Helpline) 028 9026 3984 (24hr Haematology Helpline)	
CRAIGAVON	028 3861 2820 or 21 (Mandeville Unit)	028 3861 2150 (Haematology Ward)
ULSTER	028 9056 1437 (MacDermott Unit)	028 9055 0448 (Ward 4)
FOR PATIENTS KNOWN TO THESE SERVICES		
NI HOSPICE	24Hrs Symptom Advisory Service – 028 9078 1836 (Consultant on Call)	
MARIE CURIE	028 9088 2000	
FOYLE HOSPICE	028 7135 1010	
NEWRY HOSPICE	028 3026 7711	

If a patient is more than 6 weeks from their last chemotherapy or radiotherapy treatment, their condition may be discussed with their oncologist. If there is no indication for anti-cancer therapy, you may be advised to refer the patient to your local medical, surgical or palliative care services.