

ONCOLOGY/HAEMATOLOGY HELPLINE

ASSESSMENT TOOL

	↓ GRADE ↓	↓ GRADE ↓	↓ GRADE ↓	↓ GRADE ↓	↓ GRADE ↓
↓ TOXICITY ↓	0	1	2	3	4
Performance Status Has there been a recent change in performance status	Asymptomatic	Symptomatic but completely ambulant	Symptomatic, <50% in bed during day	Symptomatic, > 50% in bed, but not bed bound	Bed bound
Nausea How many days? What is the patient's oral intake? Are you taking antiemetics as prescribed?	None	Able to eat/drink reasonable intake Review anti emetics as prescribed	Can eat/drink but intake significantly decreased Review anti emetics according to local policy	No significant intake	-----
Vomiting How many days/episodes? What is the patient's oral intake? Does the patient have constipation or diarrhoea? (see specific toxicity)	None	1 episode in 24 hours Review anti emetics as prescribed	2-5 episodes in 24 hours Review anti emetics according to local policy	6-10 episodes in 24 hours Arrange urgent admission and review	>10 episodes in 24 hours Arrange urgent admission and review
Oral/stomatitis How many days? Is there evidence of mouth ulcers? Is there evidence of infection? Are they able to eat/drink?	None	Painless ulcers, erythema, mild soreness/ able to eat/drink Use mouthwash e.g. Chlorhexidine, drink plenty of fluids and follow instructions in the mouth care leaflet	Painful erythema, oedema or ulcers but can eat/drink Continue to use mouthwash e.g. Difflam, drink plenty of fluids. Use painkillers either as a tablet or mouthwash e.g. Bonjela/ Gelclair	Painful erythema difficulty with eating and drinking Arrange urgent admission and review	Mucosal necrosis and/or requires parenteral or enteral support Arrange urgent admission and review
Diarrhoea Consider infection!! How many days has this occurred for? How many times in a 24hr period? Does the patient have any abdominal pain? how long for? Has the patient taken any medication? <i>N.B. If taking CAPECITABINE chemotherapy follow specific pathway</i>	None	Increase to 2-3 bowel movements a day over pre-treatment movements Drink more fluids Obtain stool sample ? consider regimen specific antidiarrhoeal	Increase to 4-6 episodes a day or nocturnal movement Drink plenty of fluids – recommend Dioralyte or similar Obtain stool sample ? consider regimen specific antidiarrhoeal	Increase to 7-9 episodes a day or incontinence. Arrange urgent admission and review	Increase to >10 episodes a day or grossly bloody diarrhoea or need for parenteral support Arrange urgent admission and review
Constipation How long since bowels opened? What is normal? Does the patient have any abdominal pain/vomiting? Has the patient taken any medication?	None	Mild – no bowel movement in last 24 hours Dietary advice, increase fluid intake, review supportive medication	Moderate – no bowel movement in last 48 hours <i>If associated with pain/ vomiting move to red</i> Review fluid and dietary intake Recommend laxative e.g. Lactulose	Severe – no bowel movement in last 72 hours Arrange Urgent admission and review	Paralytic ileus >96 hours Arrange Urgent admission and review
Fever and receiving cytotoxic chemotherapy Or immunocompromised	IF TEMP 37.5 or above or GENERALLY UNWELL – URGENT ADMISSION AND MEDICAL REVIEW - Follow neutropenia pathway ALERT - Pt's on steroids/analgesics or dehydrated may not present with pyrexia but may still have infection (if in doubt do a count)				
Fever NOT receiving chemotherapy	None	<37.5°C	> 37.5°C - 38°C Check in 1 hr and contact again If still pyrexial – see red	> 38-40 °C Arrange Urgent admission and review	>40 °C Arrange Urgent admission and review
Infection <i>If pyrexial see fever toxicity</i> Has the patient taken their temperature? – how long? Has the patient experienced any shivering, chills or shaking episodes?	None	Mild localised infection Generally well Apyrexial Advise G.P. review	Moderate localised infection Generally well Apyrexial Advise G.P. review	Severe symptomatic infection Arrange Urgent admission and review	Life threatening sepsis Arrange Urgent admission and review
Palmar - plantar syndrome <i>N.B. If taking CAPECITABINE chemotherapy follow specific pathway</i>	None	Numbness, tingling, painless erythema and swelling. Consider pyridoxine 50mg tds, Advise patient to rest hand and feet. Use of emollient cream	Painful erythema and swelling. ? Arrange medical review – (may require dose reduction or defer treatment) Continue with pyridoxine and emollient. Advise analgesia.	Moist desquamation, ulceration, blistering and severe pain. Arrange medical review – (may require dose reduction or defer treatment) Continue with pyridoxine and emollient. Advise analgesia	
Fatigue How many days has this occurred for? Any other associated symptoms?	None	Increased fatigue but not altering normal activities Rest accompanied with intermittent mild activity	Moderate or causing difficulty performing some activities ? Arrange medical review – (may require dose reduction or defer treatment)	Severe or loss of ability to perform some activities Arrange medical review – (may require dose reduction or defer treatment)	-Bedridden or disabling Arrange Urgent admission and review
Anorexia What was weight before? What is appetite like? Any contributory factors e.g. dehydration, diarrhoea, vomiting, mucositis, and nausea? – link to specific toxicity	None	Loss of appetite without alteration in eating habits Dietary advice	Oral intake altered without significant weight loss or malnutrition: ? Arrange medical review	Oral intake altered in association with significant weight loss/malnutrition Arrange Urgent admission and review	Life threatening complications e.g.collapse Arrange Urgent admission and review
Dyspnoea /shortness of breath Is it a new symptom? Is dyspnoea worsening? Is there any chest pain? - link to specific toxicity How long for? What can the patient do? (? alteration in P5) CONSIDER SVCO /ANAEMIA	Normal	N/A Please see amber/red	Dyspnoea on exertion ? Arrange urgent medical review	Dyspnoea at normal level of activity If new symptom or sudden onset will need urgent medical review – see red	Dyspnoea at rest or requiring ventilatory support Arrange Urgent admission and review
Rash Is there a rash? Is it localised or generalised? How long has it been there? Any signs of infection? Is it itchy? HAEMATOLOGY FOLLOW LOCAL POLICY	None	Macular or papular eruption or erythema without associated symptoms Localised rash otherwise well	Macular or papular eruption or erythema with pruritus or other associated symptoms Generalised but otherwise well	Symptomatic unwell Arrange Urgent admission and review	Symptomatic unwell Arrange Urgent admission and review
Chest pain Onset? What makes it worse? Radiation? Any cardiac history? STOP CAPECITABINE or INFUSIONAL 5FU	None	Advise URGENT A&E for medical assessment	Advise URGENT A&E for medical assessment	Advise URGENT A&E for medical assessment	Advise URGENT A&E for medical assessment
Neurosensory/motor When did problem start? Is it continuous? Is it getting worse?Is it affecting mobility/function? Any constipation or urinary incontinence? Consider Spinal Cord Compression	None	Mild paresthesia,Subjective weakness; no objective findings Monitor and contact immediately if deteriorates	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function. Immediate contact if deteriorates	Severe sensory loss , paresthesia or weakness that interferes with function Arrange Urgent admission and review	Paralysis Arrange Urgent admission and review
Bleeding or bruising Is it a new problem? Is it continuous? What amount? Where from? Are they on anticoagulants? HAEMATOLOGY FOLLOW LOCAL POLICY	None	Mild ,self limited controlled by conservative measures	Gross 1-2 units Arrange Urgent admission and review	Gross 3-4 units per episode Urgent admission to A&E	Massive > 4 units per episode Urgent admission to A&E
Extravasation Any problems immediately after administration? When did problem start? Is the problem around the injection site? Has the patient got a central venous catheter? Explain the reaction?		Non vesicant Review next day		Vesicant Urgent Medical Review	

