

Patients may present with problems other than those listed below, these would be captured as "other" on the log sheet checklist. Practitioners are advised to refer to the NCI-CTCAE common toxicity criteria V4.03 to assess the severity of the problem and/or seek further clinical advice regarding management.

**CAUTION!** Please note patients who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Toxicity/Symptom	0	1	2	3	4
<b>Fever</b> - receiving or has received <b>Systemic Anti Cancer Treatment (SACT)</b> within the last 6-8 weeks or immunocompromised.	None.	<b>IF TEMPERATURE 37.5°C or ABOVE or BELOW 36.0°C or GENERALLY UNWELL - URGENT assessment and medical review - Follow neutropenia pathway. ALERT - patients who have taken analgesia or steroids or who may be dehydrated may not present with an abnormal temperature but may still have an infection and be at risk of sepsis - if in doubt do a count.</b>			
<b>Chest pain</b> STOP oral and intravenous Systemic Anti Cancer Treatment until reviewed by oncology or haematology team.	None.	<b>Advise URGENT A&amp;E for medical assessment- 999 NB if infusional SACT in place arrange for disconnection.</b>			
<b>Dyspnoea/shortness of breath</b> Is this a new symptom? How long for? Is it getting worse? Do you have a cough? How long for? Is it productive? If yes, what colour is your phlegm/spit? Is there any chest pain or tightness? - if yes refer to chest pain Consider: SVCO / Anaemia / Pulmonary embolism / Pneumonitis / Infection.	None or no change from normal.	New onset shortness of breath with moderate exertion.	New onset shortness of breath with minimal exertion.	Shortness of breath at rest.	Life threatening symptoms.
<b>Performance Status</b> Has there been a recent change in performance status?	No change to pre-treatment normal - or fully active, able to carry on all pre-disease performance without restriction.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.	Capable of only limited self care, confined to bed or chair for more than 50% of waking hours.	Completely disabled. Cannot carry out any self care. Totally confined to bed or chair.
<b>Diarrhoea</b> How many days has this occurred for? How many times in a 24 hour period? Is there any abdominal pain or discomfort? Is there any blood or mucus in the stool? Has the patient taken any anti-diarrhoeal medication? Is there any change in urine output? Is the patient drinking and eating normally? Consider: Infection / Colitis / Constipation. N.B. Patients receiving immunotherapy or Capecitabine should be managed according to the drug specific pathway and assessment arranged as required.	None or no change from normal.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Increase of up to 4-6 episodes a day or moderate increase in ostomy output or nocturnal movement or moderate cramping. Drink plenty of fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal. If diarrhoea persists after taking regimen specific anti-diarrhoeal escalate to red. If patient is or has been on immunotherapy escalate to red →	Increase of up to 7-9 episodes a day or severe increase in ostomy output or incontinence / severe cramping / bloody diarrhoea.	Increase >10 episodes a day or grossly bloody diarrhoea.
<b>Constipation</b> How long since bowels opened? What is normal? Is there any abdominal pain and/or vomiting? Has the patient taken any medication? Assess the patient's urinary output and colour.	None or no change from normal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Moderate - no bowel movement for 48 hours over pre-treatment normal. If associated with pain / vomiting move to red. Review fluid and dietary intake. Recommend a laxative.	Severe - no bowel movement for 72 hours over pre-treatment normal.	No bowel movement for >96 hours - consider paralytic ileus.
<b>Urinary Disorder</b> Are you passing urine normally? Is this a new problem or is this normal for you? Is there any change in the urine colour? Is there any blood in the urine? Is there any incontinence, frequency or urgency? Are you passing your normal amount? Are you drinking normally, are you thirsty? Consider: Infection	None or no change from normal.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Moderate symptoms. Moderate increase in frequency, urgency, dysuria nocturia. Moderate reduction in output. Drink more fluids. Obtain urine sample for analysis.	Severe symptoms. Possible obstruction/retention New incontinence New or increasing haematuria Severe reduction in output	Little or no urine output.
<b>Fever</b> NOT receiving Systemic Anti Cancer Treatment (SACT) and NOT at risk of immunosuppression.	Normal.		< 36.0°C or > 37.5°C - 38.0°C	>38.0°C - 40.0°C	> 40.0°C
<b>Infection</b> Has the patient taken their temperature? If so when? What is it? - if pyrexial see fever toxicity. Are there any specific symptoms, such as: • pain, burning / stinging or difficulty passing urine? • cough, any sputum, if so what colour? • any shivering, chills or shaking episodes?	None.	Localised signs of infection otherwise generally well.	Signs of infection and generally unwell * If on active SACT treatment follow neutropenic sepsis pathway. * If not on active treatment arrange urgent local review.	Signs of severe symptomatic infection.	Life threatening sepsis.
<b>Nausea</b> How many days? What is the patient's oral intake? Is the patient taking antiemetics as prescribed? Assess patient's urinary output and colour.	None.	Able to eat/drink reasonable intake. Review anti emetics according to local policy.	Able to eat/drink but intake is significantly decreased. Review anti emetics according to local policy.	No significant intake.	
<b>Vomiting</b> How many days? How many episodes? What is the patient's oral intake? Is there any constipation or diarrhoea? - if yes see specific toxicity. Assess patient's urinary output and colour	None.	1-2 episodes in 24 hours. Review anti emetics according to local policy.	3-5 episodes in 24 hours. Review anti emetics according to local policy.	6-10 episodes in 24 hours.	>10 episodes in 24 hours.
<b>Oral / stomatitis</b> How many days? Are there any mouth ulcers? Is there evidence of infection? Are they able to eat and drink? Assess patient's urinary output and colour.	None.	Painless ulcers and/or erythema, mild soreness but able to eat and drink normally. Use mouthwash as directed.	Painful ulcers and/or erythema, mild soreness but able to eat and drink normally. Continue with mouthwash as directed, drink plenty of fluids. Use painkillers either as a tablet or mouthwash.	Painful erythema, difficulty eating and drinking.	Significant pain, minimal intake and/or reduced urinary output.
<b>Anorexia</b> What is appetite like? Has this recently changed? Any recent weight loss? Any contributory factors, such as dehydration, nausea, vomiting, mucositis, diarrhoea or constipation - if yes refer to specific problem/symptom.	None or no change from normal.	Loss of appetite without alteration in eating habits. Dietary advice.	Oral intake altered without significant weight loss or malnutrition. Dietary advice.	Oral intake altered in association with significant weight loss/malnutrition.	Life threatening complications, such as collapse.
<b>Pain</b> Is it a new problem? Where is it? How long have you had it? Have you taken any pain killers? Is there any swelling or redness? If pain associated with swelling or redness consider thrombosis or cellulitis. Back pain consider metastatic spinal cord compression (MSCC).	None or no change from normal.	Mild pain not interfering with daily activities. Advise appropriate analgesia.	Moderate pain interfering with daily activities. Advise appropriate analgesia.	Severe pain interfering with daily activities.	Severe disabling pain.
<b>Neurosensory / motor</b> When did the problem start? Is it continuous? Is it getting worse? Is it affecting mobility/function? Any perineal or buttock numbness (Saddle paresthesia)? Any constipation? Any urinary or faecal incontinence? Any visual disturbances? Is there any pain? If yes refer to specific problem / symptom. Consider - Metastatic spinal cord compression, cerebral metastases or cerebral event.	None or no change from normal.	Mild paresthesia, subjective weakness. No loss of function. Contact the advice line immediately if deterioration.	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function.	Severe sensory loss, paresthesia or weakness that interferes with function.	Paralysis.
<b>Confusion/cognitive disturbance</b> Is this a new symptom? How long have you had this symptom? Is it getting worse? Is it constant? Any recent change in medication?	None or no change from normal.	Mild disorientation not interfering with activities of daily living. Slight decrease in level of alertness.	Moderate cognitive disability and/or disorientation limiting activities of daily living.	Severe cognitive disability and/or severe confusion; severely limiting activities of daily living. Altered level of consciousness. 999 - Urgent assessment in A&E.	Life threatening consequences. Loss of consciousness/unrousable. 999 - Urgent assessment in A&E.
<b>Fatigue</b> Is this a new problem? Is it getting worse? How many days? Any other associated symptoms? Do you feel exhausted?	None or no change from normal.	Increased fatigue but not affecting normal level of activity. Rest accompanied with intermittent mild activity / exercise.	Moderate or interfering with some normal activities.	Severe or loss of ability to perform some activities.	Bedridden or disabling.
<b>Rash</b> Where is it? Is it localised or generalised? How long have you had it? Is it getting worse? Is it itchy? Are you feeling generally unwell? Any signs of infection, such as pus, pyrexia Moderate = 10-30% of the body surface area (BSA) Severe = greater than 30% of the body surface area (BSA) NB Haematology, follow local guidelines.	None or no change from normal.	Rash covering <10% BSA with or without symptoms, such as pruritus, burning, tightness.	Rash covering 10 - 30% BSA that is limiting normal activities of daily living with or without symptoms, such as pruritus, burning, tightness.  Or bleeding with trauma or signs of associated infection.	Rash covering >30% BSA with or without associated symptoms; limiting self care activities. Spontaneous bleeding or signs of associated infection.	
<b>Bleeding</b> Is it a new problem? Is it continuous? What amount? Where from? Are you taking anticoagulants? NB Haematology, follow local guidelines.	None or no change from normal.	Mild, self limited controlled by conservative measures. Consider arranging a full blood count.	Moderate bleeding. 999 - Urgent assessment in A&E.	Severe bleeding. 999 - Urgent assessment in A&E.	Massive bleed. 999 - Urgent assessment in A&E.
<b>Bruising</b> Is it a new problem? Is it localised or generalised? Is there any trauma involved?	None or no change from normal.	Localised - single bruise in only one area.	Multiple sites of bruising or one large site.		
<b>Ocular/eye problems</b> Is this a new problem? Any associated pain? Any visual disturbance? Any discharge/sticky eyes?	None or no change from normal.	Mild symptoms not interfering with function.	Moderate to severe symptoms interfering with function and/or any visual disturbance.		
<b>Palmar Plantar syndrome</b> If on active oral SACT therapies follow drug specific pathways. Drug may need to be suspended and medical review arranged.	None.	Mild numbness, tingling, swelling of hands and/or feet with or without pain or redness. Rest hands and feet, use emollient cream.	Painful redness and/or swelling of hands and/or feet. Follow drug specific pathway - may require dose reduction or treatment deferral. Advise painkillers.	Moist desquamation, ulceration, blistering and severe pain. Follow drug specific pathway - arrange urgent appointment for review by specialist team within 24 hours. May require dose reduction or treatment deferral. Advise painkillers.	
<b>Extravasation</b> Any problems after administration of treatment? When did the problem start? Is the problem around or along the injection site? Has the patient got a central line in place? Describe the problem.	None.	Non Vesicant. Review the next day.	Vesicant or drug not known. Arrange urgent review.		