

Primary Care Guidance for Patients within 6 weeks of Systemic Anti-Cancer Therapy (SACT)

PRESENTING PROBLEM	SIGNS + SYMPTOMS	REQUIRED ACTION
Critically ill patients (Unresponsive/Hypotensive)	Multi-organ failure Acute bleeding (DIC)	Admit to nearest A+E via 999 ambulance
Evidence of infection Pyrexia or hypothermia (Temp <35.5 or >37.5)	Potentially life threatening Neutropenic Sepsis	Contact treatment unit to arrange emergency admission via 999 ambulance
Typhlitis Rare complication due to neutropenic caecitis/colitis	Potentially life threatening May mimic acute abdomen/appendicitis	Contact treatment unit to discuss emergency admission via 999 ambulance
Diarrhoea	4-6 stools/day or nocturnal stools	LOPERAMIDE 4mgs initially, then 2mgs after each stool up to 5 days (max 16mgs daily) and contact chemotherapy helpline
	>7 stools/day or incontinence or needs IV fluids	Admit to treatment unit
Diarrhoea on IRINOTECAN	First liquid stool	LOPERAMIDE 4mgs initially after first liquid stool then 2mgs every 2 hours thereafter up to 12 hours after last liquid stool for maximum of 48 hours (Contact helpline if no improvement on max dose 16mg/24hours)
	Symptoms do not settle, Dehydration or pyrexia	Admit to treatment unit
Diarrhoea on IMMUNOTHERAPY (up to 12 weeks post SACT)	Patients can develop severe diarrhoea secondary to immune mediated colitis	Contact oncology helpline immediately
Suspected Metastatic Spinal Cord Compression	New, progressive or severe pain (nocturnal pain disturbing sleep), any limb weakness or difficulty walking, sensory loss, bladder or bowel dysfunction, localised spinal tenderness, neurological signs of spinal cord or cauda equine compression	Consult MSCC guidelines: (http://www.nice.org.uk/guidance/cg75) Urgent MRI: - Within 24 hours if neurological signs - Within 7 days if spinal pain If confirmed refer urgently to treatment unit or fracture team in RVH
Delayed emesis (>24hours after chemotherapy)	<5 episodes of vomiting in 24 hours	If occurs immediately on stopping 5HT3 antagonists then these can be continued for a further 2-3 days If occurs later than this give METOCLOPRAMIDE 10mgs TID If further problems discuss with treatment unit
	>5 episodes of vomiting in 24 hours +/- requiring IV fluids	Admit to treatment unit
Mucositis	Painful erythema, oedema or ulcers but can swallow	BIOTENE MW 10mls QID (Hold in mouth for 1 minute) +/- PARACETAMOL CHLORHEXIDINE mouthwash NOT recommended if patient has or is recovering from cytotoxic induced mucositis as can inhibit mucosal regrowth
	Painful erythema, oedema or ulcers, unable to swallow Requires IV fluids	Admit to treatment unit
	Oral candidiasis	NYSTATIN MW 1ml QID after food FLUCONAZOLE 50mgs OD for 7 days for systemic treatment
Palmar Plantar Syndrome	Dry skin or localised erythema of palms + soles	Use simple topical emollient (Diprobase)
	Exfoliative or ulcerative dermatitis, tingling or burning	Seek advice from treatment unit and STOP CAPECITABINE if prescribed

Hypomagnesaemia	Non-specific symptoms (muscle weakness, cramp, carpopedal spasm) Seizures + ECG changes in severe depletion	0.5 - 0.7mmol/l: MAGNESIUM ASPARTATE 6.5G (10mmol Mg²⁺ per sachet) one tablet PO BD for 3 days then re-check level <0.55mmol/l: Discuss with treatment unit re: IV infusion
Rash	Persistent widespread or severe	Contact Helpline for advice Beware - Patients on certain anti-cancer treatments can develop rashes up to 3 months following completion of treatment

For patients on CONCURRENT chemotherapy/radiotherapy with radiotherapy related problems	9-5pm contact treating Oncology team for advice Out of hours contact Helpline
For patients NOT ON CONCURRENT chemotherapy/radiotherapy	Refer to Radiotherapy guidelines: (https://nican.hscni.net/Management-of-Patients-who-become-ill-whilst-receiving-Radiotherapy-or-within-6-weeks-of-Radiotherapy.pdf)
Non-cancer related acute problems within 6 weeks of chemotherapy	Refer to nearest appropriate facility and seek advice from the Helpline
If patient is >6 weeks from their last chemotherapy or radiotherapy treatment	Discuss with treating Oncology team If no indication for anti-cancer therapy may be advised to refer to local medical, surgical or palliative care services

Cancer Units and Centre Contact Numbers

HOSPITAL	WORKING HOURS (0900-1700, Mon-Fri)	OUT OF HOURS
NWCC ALTNAGELVIN	02871611289 (24hour Helpline)	
ANTRIM	02894424201/02894424240 (Laurel House)	02894424937 (Ward B1)
NICC BCH	02895045555 (24 hr Oncology Helpline) 02895040666 (24 hr Haematology Helpline)	
CRAIGAVON	02838612821 (Mandeville Unit)	02838612509
ULSTER	07713082649 (MacDermott Unit/24hour Helpline)	

Radiotherapy Contact Numbers

CONTACT	WORKING HOURS (0830-1700, Mon-Fri)	OUT OF HOURS
Radiotherapy department (BHSCT)	028 95040457 On-treatment review clinic	Radiotherapy guideline issues highlighted in RED only and out of hours please contact: 028 90329241 (BCH switchboard) - Clinical oncology registrar on-call
Radiotherapy nurses (BHSCT)	028 90329241 Ext: 40477/48068	
Clinical oncology registrar on-call, Cancer Centre, Belfast City Hospital, (BHSCT)	028 90329241 (BCH switchboard) for issues highlighted in RED in Radiotherapy Guidelines	
WHSCT NWCC Radiotherapy department	02871 345171 ext. 212209	Radiotherapy guideline issues highlighted in RED only and out of hours please contact: 24/7 On-Call Oncology Consultant via 02871 345 171 Altnagelvin Switchboard
WHSCT NWCC Radiotherapy nurses	02871 345171 ext. 212229	