

## Primary Care Guidance for Patients within 6 weeks of Systemic Anti-Cancer Therapy (SACT) – Updated January 2026

PRESENTING PROBLEM	SIGNS + SYMPTOMS	REQUIRED ACTION (Emergency)
<b>Critically ill patients</b> (Unresponsive/Hypotensive)	Multi-organ failure Acute bleeding (DIC)	<b>Admit to nearest A+E</b> via 999 ambulance
<b>Evidence of infection</b> Pyrexia or hypothermia (Temp <35.5 or >37.5)	Potentially life threatening Neutropenic Sepsis	First contact treatment unit ( <b>The hospital where patient received SACT</b> ) if patient acutely unwell arrange emergency admission via 999 ambulance
<b>Typhlitis</b> Rare complication due to neutropenic caecitis/colitis	Potentially life threatening May mimic acute abdomen/appendicitis	First contact treatment unit ( <b>The hospital where patient received SACT</b> ) if patient acutely unwell arrange emergency admission via 999 ambulance
<b>Diarrhoea</b>	4-6 stools/day or nocturnal stools	<b>LOPERAMIDE 4mgs</b> 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	Contact/Admit to treatment unit ( <b>The hospital where patient received SACT</b> )
<b>Diarrhoea on IRINOTECAN</b>	First liquid stool	<b>LOPERAMIDE 4mgs</b> 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	Contact/Admit to treatment unit ( <b>The hospital where patient received SACT</b> )
<b>Diarrhoea on IMMUNOTHERAPY</b> (up to 12 weeks post SACT)	Patients can develop severe diarrhoea secondary to immune mediated colitis	Contact treatment unit ( <b>The hospital where patient received SACT</b> )
<b>Suspected Metastatic Spinal Cord Compression</b>	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: ( <a href="http://www.nice.org.uk/guidance/cg234">http://www.nice.org.uk/guidance/cg234</a> )  If you have high clinical suspicion, send to local Emergency Department, same day for assessment.  If uncertain, contact On-Call Oncology SPR (24/7) – <a href="#">click here for number</a>

PRESENTING PROBLEM	SIGNS + SYMPTOMS	REQUIRED ACTION (Emergency)
<b>Delayed emesis</b> (>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 <b>METOCLOPRAMIDE 10mgs TID</b>  If further problems contact treatment unit ( <b>The hospital where patient received SACT</b> )
	>5 episodes of vomiting in 24 hours +/- requiring IV fluids	Contact/Admit to treatment unit ( <b>The hospital where patient received SACT</b> )
<b>Mucositis</b>	Painful erythema, oedema or ulcers but can swallow	<b>Moisturising MW e.g.BIOTENE or BioXtra MW 10mls QID</b> (Hold in mouth for 1 minute) <b>+/- PARACETAMOL</b>  <b>CHLORHEXIDINE</b> mouthwash <b>NOT</b> 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	Contact/Admit to treatment unit ( <b>The hospital where patient received SACT</b> )
	Oral candidiasis	<b>*NYSTATIN MW 1ml QID</b> after food <b>FLUCONAZOLE 50mgs OD</b> for 7 days for systemic treatment (a blood sugar assessment may be indicated if patients prediabetic, diabetic or on steroids)
<b>Palmar Plantar Syndrome</b>	Dry skin or localised erythema of palms + soles	Use simple topical emollient (Diprobase)
	Exfoliative or ulcerative dermatitis, tingling or burning	Contact treatment unit ( <b>The hospital where patient received SACT</b> ) and <b>STOP CAPECITABINE</b> if prescribed
<b>Hypomagnesaemia</b>	Non-specific symptoms (muscle weakness, cramp, carpopedal spasm) Seizures + ECG changes in severe depletion	0.5 - 0.7mmol/l: <b>MAGNESIUM ASPARTATE 6.5G (10mmol Mg<sup>2+</sup> per sachet) one tablet PO BD for 3 days then re-check level</b>  <0.55mmol/l: Discuss with treatment unit re: <b>IV infusion</b>
<b>Rash</b>	Persistent widespread or severe	Contact treatment unit for advice ( <b>The hospital where patient received SACT</b> )  <b>Beware</b> - Patients on certain anti-cancer treatments can develop rashes <b>up to 3 months</b> following completion of treatment
<b>Diabetes/Hyperglycaemia</b>		For detailed management please refer to <a href="#">NICaN-Acute-Oncology-Guidelines-Jan-22-March-25-Jan-26.pdf</a>
<b>Checkpoint Inhibitor Toxicity Management Guidelines</b>		<a href="#">NICaN Checkpoint Inhibitor Immunotherapy Toxicity Management Guidelines v3 May 2025.pdf</a>

## Refer to

<b>For patients undergoing chemotherapy/Radiotherapy</b>	Contact treatment unit ( <b>The hospital where patient received SACT/Radio</b> ) for advice
<b>For patients who have completed radiotherapy</b>	Refer to Radiotherapy guidelines: <a href="#">Guidance-for-Management-of-patients-who-become-ill-during-and-within-6-weeks-of-receiving-radiotherapy-at-NICC-2025.pdf</a>
<b>Non-cancer related acute problems within 6 weeks of chemotherapy</b>	Refer to nearest appropriate facility and seek advice from treatment unit ( <b>The hospital where patient received SACT</b> ) if needed
<b>If patient is &gt;6 weeks from their last chemotherapy or radiotherapy treatment</b>	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 Treatment Units and Centres Contact Numbers (helplines)

HOSPITAL	Mon-Fri 9.00am- 5.00pm	24 Hours	Out of hours
NWCC ALTNAGELVIN		02871 611289	
ANTRIM	02894 424201/02894 424240		02894 4424473
NICC BCH		Chemotherapy 02895 045555 Haematology: 02895 040666	
CRAIGAVON	02838 612821		02838 612509
ULSTER		0771 3082649	
ON- CALL ONCOLOGY SPR (24/7)		0759 5463206	

## Radiotherapy Contact Numbers

CONTACT	Mon-Fri 8.30am-5.00pm	Out of hours
<b>BHSCT NICC Radiotherapy department</b>	02895 040457 On-treatment review clinic	Radiotherapy guideline issues highlighted in RED only and out of hours please contact: 02890 329241 (BCH switchboard) - Clinical oncology registrar on-call
<b>BHSCT NICC Radiotherapy nurses</b>	<b>02890 329241 Ext: 40477/48068</b>	

<b>BHSCT NICC Clinical oncology registrar on-call,</b>	02890 329241 (BCH switchboard) for issues highlighted in RED in Radiotherapy Guidelines	
<b>WHSCT NWCC Radiotherapy department</b>	<b>02871 345171 ext. 212209 On Treatment Review Clinic 8:00am – 4:30pm Monday – Thursday (Outside these hours please contact AOS via 02871345171)</b>	Radiotherapy guideline issues highlighted in RED only and out of hours please contact: NWCC Clinical Oncology (AOS) registrar on call via 02871345171 (Altnagelvin Switchboard)
<b>WHSCT NWCC Radiotherapy nurses</b>	<b>02871 345171 ext. 212229</b>	