DAY OF TREATMENT TOOL

ALL PATIENTS ARE TO BE ASSESSED ON THE DAY OF TREATMENT USING THE FOLLOWING MODIFIED COMMON TERMINOLOGY CRITERIA ADVERSE EVENTS (CTCAE)

Proceed with treatment	Review by senior nursing/medical staff	Must be SEEN and reviewed by senior nursing/medical staff prior to treatment

ECOG performance status

0	Fully active, able to carry on all pre-disease performance without restriction.
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature e.g. light housework, office work.
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
3	Capable of only limited self-care, confined to bed or chair for more than 50% of waking hours.
4	Completely disabled, cannot carry on any self-care.

CAUTION!
Please note patients who are receiving or have received IMMUNOTHERAPY may present with treatment related problems at any time during treatment or up to 12 months afterwards.
For patients receiving immunotherapy, consider additional prompts under symptoms.

Are they experiencing or have they experienced any of the following since receiving last treatment, or in recent months for new patients.

Patients may present with problems other than those listed below, these would be captured as "other" on the Day of Treatment log sheet. Practitioners are advised to refer to the NCI-CTCAE v5 to assess the severity of the problem and / or seek clinical advice regarding management prior to administering treatment.

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Fever Are they receiving or have they recently received SACT within the last 6-8 weeks? Has the patient taken their temperature? Is this disease related?	Normal	IF TEMPERATURE 37.5˚c or ABOVE or BELOW 36.0˚c – assessment and medical review required.			
Chest pain Onset? Location? Exacerbating / relieving factors, and characteristics of pain? Any cardiac history? Associated symptoms e.g. SOB, syncope, oedema, palpitations.	None	**URGENT** assessment required to ascertain reason. All patients who have experienced chest pain or are currently experiencing chest pain require urgent medical review. STOP CAPECITABINE or INFUSIONAL FLUOROURACIL.			
Dyspnoea/shortness of breath Are they receiving or have they recently received SACT within the last 6-8 weeks? Is it 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/sputum? Is there any chest pain or tightness? Is it treatment related or disease related? Any other symptoms associated e.g. leg swelling *Consider:* *SVCO / anaemia / pulmonary embolism / pneumonitis / infection/DVT* **For patients receiving IO – consider pneumonitis**	None or no change from normal.	Shortness of breath with moderate exertion.	Shortness of breath with minimal exertion; limiting instrumental ADL.	Shortness of breath at rest; limiting self-care ADL.	Life threatening consequences, urgent intervention indicated.
Diarrhoea 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 antidiarrhoeal medication? Is there any change in urine output? Is the patient drinking and eating normally? *Consider: infection / colitis / constipation.* **For patients receiving IO – consider colitis** ***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 <4 stools per day over patient's baseline; mild increase in ostomy output compared to baseline.	Increase of 4 - 6 stools per day over baseline; moderate increase in ostomy output compared to baseline; limiting instrumental ADL.	Increase of >= 7 or more stools per day over baseline; incontinence; hospitalisation indicated; severe increase in ostomy output compared to baseline; limiting self-care ADL.	Life threatening consequences Urgent intervention required.
Constipation How long since bowels opened? What is normal? Any recent changes? Is there any abdominal pain/vomiting? Has the patient taken any medication? Any abdominal distension? Are they passing flatus? What medication are they taking and has there been any recent changes? e.g. antiemetics (5HT3 Antagonists), opioids, vinca-alkaloids	None or no change from normal.	Occasional or intermittent symptoms; occasional use of stool softeners, laxatives, dietary modification, or enema.	Persistent symptoms with regular use of laxatives or enemas; limiting instrumental ADL.	Obstipation with manual evacuation indicated; limiting self-care ADL.	Obstruction or toxic megacolon Life-threatening consequences; urgent intervention indicated.
Urinary disorder Are they passing urine normally? Is this a new problem or is this normal? Is there any change in the urine colour? Is there any blood in the urine? Is there any incontinence, frequency or urgency? Are they passing their normal amount? Are they drinking normally, are they thirsty? *Consider: spinal cord compression.* **For patients receiving IO – consider endocrine, renal and/or hepatic toxicity**	None or no change from normal.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output.	Moderate symptoms. Moderate increase in frequency, urgency, dysuria nocturia. Moderate reduction in output.	Severe symptoms. Possible obstruction/ retention New incontinence New or increasing hematuria Severe reduction in output.	Little or no urine output. Life threatening consequences, urgent intervention required.
Infection Has the patient taken their temperature? If so when? What is it? If febrile 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.**	Signs of severe symptomatic infection.	Life threatening sepsis.
Nausea How many days? What is the oral intake? Are they taking antiemetic as prescribed?	None	Loss of appetite without alteration in eating habits. Able to eat/drink reasonable intake. Review anti emetics according to local policy.	Oral intake decreased without significant weight loss, dehydration or malnutrition. Able to eat/drink but intake is significantly decreased. Review anti emetics according to local policy.	Inadequate oral caloric or fluid intake; tube feeding, TPN, or hospitalisation indicated. No significant intake.	No significant intake.
Vomiting How many days/episodes? What is the oral intake? Does the patient have constipation or diarrhoea? (see specific toxicity) **For patients receiving IO – consider hepatotoxicity**	None	1 - 2 episodes (separated by 5 minutes) in 24 hrs.	3 - 5 episodes (separated by 5 minutes) in 24 hrs. Outpatient IV hydration; medical intervention indicated.	More than 6 episodes or IV fluid replacement required. Tube feeding, TPN, or hospitalisation indicated.	Requires intensive treatment, haemodynamic collapse. Life-threatening consequences.
Mucositis/Stomatitis How many days? Are there any mouth ulcers? Any evidence of infection? Are they able to eat/drink?	None	Painless ulcer, erythema or mild soreness, can eat and drink; No intervention required.	Moderate pain or ulcer that does not interfere with oral intake; modified diet indicated.	Severe pain; interfering with oral intake.	Life threatening consequences; urgent intervention indicated.

Key				
	IO: Immunotherapy	SACT: Systemic anti-cancer therapy*	SVCO: Superior vena cava obstruction	GVHD: Graft versus host disease
	*SACT where used in this document refers to cytotoxic, targeted and immunotherapy anti-cancer drugs.			

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Symptoms	Grade 0 Grade 1	Grade 2	Grade 3	Grade 4
Anorexia Any recent weight loss? Has this recently changed? What is appetite like? *Consider: hyperthyroidism in patients receiving IO with recent weight loss. May or may not be associated with intake/appetite changes.*	None or no change from normal.	Loss of appetite without alteration in eating habits.	Oral intake altered without significant weight loss or malnutrition; oral supplements indicated.	Oral intake altered in association with significant weight loss/malnutrition; tube feeding or TPN indicated.	Life threatening complications e.g. collapse.
Pain Is it a new problem? Where is it? How long have you had it?	None or no change from normal.	Mild pain not interfering with function.	Moderate Pain; pain or analgesia interfering with function but not activities of daily living.	Severe pain; pain or analgesia interfering with ADL.	
Neuropathy/sensory or motor Where is the symptom? When did the problem start? Is it continuous? Is it getting worse? Is it affecting mobility/function?	None or no change from normal.	Mild paresthesia; subjective weakness. No loss of function.	Mild or moderate sensory loss; moderate paresthesia, mild weakness with no loss of function.	Severe sensory loss; paresthesia or weakness that interferes with function.	Life threatening consequences, paralysis; urgent intervention indicated.
Confusion/cognitive disturbance Is this a new symptom? How long have you had this symptom? Is it getting worse? Is it constant? Any recent change in medication? Are there any memory changes? Any mood /behaviour changes?	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.	Life threatening consequences. Loss of consciousness/ unrousable.
Fatigue Is this a new problem? Is it getting worse? How many days? Any other associated symptoms? Do you feel exhausted? Have you taken any pain relief? For patients receiving IO - consider endocrine toxicity	None or no change from normal.	Increase in baseline not affecting daily activities; relieved by rest.	Moderate, decrease in performance; not relieved by rests.	Severe, significant decrease in self-care ADL.	Bedridden or disabled.
Rash Is it localised or generalised? How long has it been there? Any signs of infection? Is it itchy? *For transplant patients consider GVHD. Haematology, follow local policy.* For patients receiving IO - consider skin toxicity	None or no change from normal.	Papules and/or pustules covering less than 10% body surface area (BSA), which may or may not be associated with symptoms of pruritus or tenderness.	Papules and/or pustules covering 10 to 30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; associated with psychosocial impact; limiting instrumental ADL.	Papules and/or pustules covering more than 30% BSA, with moderate or severe symptoms; limiting self care ADL; associated with local superinfection with oral antibiotics indicated.	Life-threatening consequences; papules and/or pustules covering any % BSA, which may or may not be associated with symptoms of pruritus or tenderness and are associated with extensive superinfection with IV antibiotics indicated.
Bleeding Is it a new problem? Is it continuous? What amount? Where from? Current medications e.g.anticoagulants, aspirin, clopidogreal, NSAIDs,DOACs? Relieving factors – Is it stopped via direct pressure or other measures? *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; medical intervention indicated.	Severe bleeding; transfusion indicated; invasive intervention indicated.	Massive bleeding; life threatening consequences; urgent intervention indicated.
Bruising 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.		
Ocular/eye problems Is this a new problem? Any associated pain? Any visual disturbance? Any discharge/sticky eyes? Dry 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.		
Palmar-plantar erythrodysaesthesia (PPE) - Hand-foot syndrome (HFS) How long? Is the patient otherwise well? Any other symptoms e.g. diarrhoea/stomatitis **If on active oral SACT therapies e.g. capecitabine, sunitinib follow drug specific pathways.** **Drug may need to be suspended and medical review arranged.** *Consider: DPDD (Dihydropyridine Dehydrogenase Deficiency) if presenting early receiving 5FU or capecitabine.*	None	Minimal skin changes or dermatitis (e.g. erythema, oedema, or hyperkeratosis) without pain, +/- numbness, tingling.	Skin changes (e.g., peeling, blisters, bleeding, fissures, oedema, or hyperkeratosis) with pain; limiting instrumental ADL.	Severe skin changes (e.g., peeling, blisters, bleeding, fissures, oedema, or hyperkeratosis) with pain; limiting self-care ADL.	
Extravasation Any problems during or after administration of treatment? When did the problem start? Is the problem around or along the injection site? Does the patient have a central line in place? Describe the problem.	None	Non-vesicant.	Vesicant or drug not known.		

CLINICAL TRIAL PATIENTS please discuss toxicities recorded as amber or red with the research team prior to administering treatment.

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