Antineoplastic drug patient assessment tool

HOSP ID		MRN
SURNAME		
OTHER NAMES		
DOB	SEX	AMO

MRN BAR CODE

Date	…./…../…	…./…../…	…./…../…	…./…../	…./…../…	…./…../…	…./…../…
Time							
Cycle and Day	C___D__	C___D__	C___D__	C__D__	C___D__	C___D__	C___D__
Weight							
Laboratory parameters checked as per protocol requirements *(Yes/No/NA)*							
Vital signs checked *(Yes/No/NA)*							
Psychosocial assessment *(Yes/No/NA)*							
Assess the patient for treatment related side effects and grade the following toxicities according to the Common Terminology Criteria for Adverse Events (CTCAE) grading scale – 0. Nil 1.Mild 2.Moderate 3. Severe 4.Life threatening. See page 2 for more information							
Anaemia							
Neutropenia							
Thrombocytopenia							
Nausea							
Vomiting							
Oral mucositis							
Diarrhoea							
Constipation							
Fatigue							
Peripheral neuropathy							
Skin toxicity							
Other _____							
Other _____							
Other _____							
Assess the patient's venous access and note any complications Erythema = E. Exudate = Ex. Pain = P. Swelling = S. Occlusion = O							
Venous access device							
Rate the patient's ECOG Score 1.Self care light activities 2. Self care unable to work 3. Limited self care confined to bed/chair 50% of waking hour 4.Completely dependant							
ECOG score							
Assessors signature							

Patients who score grade 2 or above for toxicities (CTCAE v 5 common toxicity scale see page 2 for more information) and or whose vital signs or laboratory parameters are not within normal limits should be reviewed by a Medical Officer prior to commencing treatment. This tool covers the common toxicities only. See the appropriate eviQ protocol for a full list of expected side effects.

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Adverse Event	Grade 1	Grade 2	Grade 3	Grade 4
Anaemia	Hemoglobin (Hgb) <LLN - 10.0 g/dL; <LLN - 6.2 mmol/L; <LLN 100 g/L	Hgb <10.0 - 8.0 g/dL; <6.2 - 4.9 mmol/L; <100 – 80 g/L	Hgb <8.0 g/dL; <4.9 mmol/L;<80 g/L; transfusion indicated	Life-threatening consequences; urgent intervention indicated
Neutrophil count decreased	<LLN - 1500/mm^3; <LLN - 1.5 x$10e^9$ /L	<1500 - 1000/mm^3; <1.5 - 1.0 x$10e^9$ /L	<1000 - 500/mm^3; <1.0 - 0.5 x$10e^9$ /L	<500/mm^3; <0.5 x $10e^9$ /L
Platelet count decreased	<LLN - 75,000/mm^3; <LLN -75.0 x $10e^9$ /L	<75,000 - 50,000/mm^3; <75.0 -50.0 x $10e^9$ /L	<50,000 - 25,000/mm^3; <50.0 -25.0 x $10e^9$ /L	<25,000/mm^3; <25.0 x $10e^9$ /L
Nausea	Loss of appetite without alteration in eating habits	Oral intake decreased without significant weight loss, dehydration or malnutrition	Inadequate oral caloric or fluid intake; tube feeding, TPN, or hospitalization indicated	
Vomiting	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	>=6 episodes (separated by 5 minutes) in 24 hrs; tube feeding, TPN or hospitalization indicated	Life-threatening consequences; urgent intervention indicated
Mucositis oral	Asymptomatic or mild symptoms; intervention not indicated	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
Diarrhoea	Increase of <4 stools per day over 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	Increase of ≥7 stools per day over baseline; incontinence; hospitalization indicated; severe increase in ostomy output compared to baseline; limiting self care ADL	Life-threatening consequences; urgent intervention indicated
Constipation	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	Life-threatening consequences; urgent intervention indicated
Fatigue	Fatigue relieved by rest	Fatigue not relieved by rest; limiting instrumental ADL	Fatigue not relieved by rest, limiting self care ADL	
Peripheral sensory neuropathy	Asymptomatic	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated
Rash maculopapular	Macules/papules covering <10% BSA with or without symptoms (e.g., pruritus, burning, tightness)	Macules/papules covering 10 -30% BSA with or without symptoms (e.g., pruritus, burning, tightness); limiting instrumental ADL	Macules/papules covering >30% BSA with moderate or severe symptoms; limiting self-care ADL	
Palmar-plantar erythrodysesthesia syndrome (PPE)	Minimal skin changes or dermatitis (e.g., erythema, edema, or hyperkeratosis) without pain	Skin changes (e.g., peeling, blisters, bleeding, edema, or hyperkeratosis) with pain; limiting instrumental ADL	Severe skin changes (e.g., peeling, blisters, bleeding, edema, or hyperkeratosis) with pain; limiting self care ADL	
Rash acneiform	Papules and/or pustules covering <10% BSA, which mayor may not be associated with symptoms of pruritus or tenderness	Papules and/or pustules covering 10 - 30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; associated with psychosocial impact; limiting instrumental ADL: rash covering >30% BSA with or without mild symptoms	Papules and/or pustules covering >30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; 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 super-infection with IV antibiotics indicated

LLN – Lower Limit of Normal
For other toxicity grading refer to the appropriate eviQ protocol www.eviQ.org.au.

References
1. Common Terminology Criteria for Adverse Events (CTCAE) V5 November 2017
2. Oken, M.M., Creech, R.H., Tormy, D.C. et al.1982."Toxicity and response criteria of the Eastern Cooperative Oncology Group" Am J.Clin. Oncol. 5(6):649-655