

# Anti-cancer drug patient assessment tool

Early detection and intervention are important in managing side effects from treatment and preventing the development of severe toxicity. It is recommended that assessment is undertaken by the health care professional prior to each treatment, and as clinically indicated.

Hospital ID:		MRN:
Surname:		
Given names:		
Date of birth:	Sex:	AMO:
Pronouns:		
Preferred names:		

Treatment protocol:

Allergies:

Patient assessment	Yes	No	N/A
Previous infusion reaction			

Details:

Hepatitis screening attended?

## Pre-administration assessment

**IMPORTANT:** When reviewing vital signs and blood results it is important to assess for trends. Increasing or decreasing levels should be noted in the assessment notes and documented as per local policy or procedure.

Date							
Cycle/Day							
Weight (kg)							
Laboratory parameters checked as per protocol requirements							
Vital signs checked							
Psychosocial assessment							

Rate the patient's ECOG Score:

0 - Fully active, able to carry on all pre-disease performance without restriction  
 1 - Self-care light activities  
 2 - Self-care unable to work  
 3 - Limited self-care confined to bed/chair 50% of waking hours  
 4 - Completely dependent

ECOG Score							
------------	--	--	--	--	--	--	--

Assess the patient's venous access, note any complications:

Erythema (E) Exudate (Ex) Pain (P) Swelling (S) Occlusion (O) NIL

Venous access device							
----------------------	--	--	--	--	--	--	--

## Clinical assessment

Assess the patient for treatment-related side effects and grade the following toxicities according to the CTCAE grading: 0 – nil, 1 – mild, 2 – moderate, 3 – severe, 4 – life-threatening. See page 3-4 for more information.

Anaemia							
Neutropenia							
Thrombocytopenia							
Nausea							
Vomiting							
Oral mucositis							
Diarrhoea							
Constipation							
Fatigue							
Peripheral neuropathy							
<b>Skin</b>							
Pruritus							
Rash (record location/size/description)							
Peeling							
Blistering							
<b>Pulmonary and cardiac toxicity - N.B. presence of fatigue and nausea may indicate cardiac toxicity</b>							
Progressive or acute dyspnoea (difficult or laboured breathing)							
New or worsening cough							
Chest pain – cardiac/non-cardiac							
Palpitations							
Arrhythmias							
Syncope, dizziness							
Peripheral oedema							
Other:							
Where toxicity is suspected, urgent medical review should be organised and appropriate escalation procedures undertaken as per local policy							
Assessor's signature							

Sign/Symptom	Grade 1	Grade 2	Grade 3	Grade 4
<b>Anaemia Haemoglobin (Hgb)</b>	<Lower limit of normal (LLN) -100 g/L	Hgb <100 -80 g/L	Hgb <80 g/L; transfusion indicated	Life-threatening consequences; urgent intervention indicated
<b>Neutrophil count decreased</b>	<LLN -1.5 x 10 <sup>9</sup> /L	<1.5 -1.0 x 10 <sup>9</sup> /L	<1.0 -0.5 x 10 <sup>9</sup> /L	<0.5 x 10 <sup>9</sup> /L
<b>Platelet count decreased</b>	<LLN -75 x 10 <sup>9</sup> /L	<75 -50 x 10 <sup>9</sup> /L	<50 -25 x 10 <sup>9</sup> /L	<25 x 10 <sup>9</sup> /L
<b>Nausea</b>	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 hospitalisation indicated	-
<b>Vomiting</b>	Mild, intervention not indicated	Moderate, outpatient IV hydration; medical intervention indicated	Severe, tube feeding, TPN or hospitalisation indicated	Life-threatening consequences
<b>Mucositis oral</b>	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
<b>Diarrhoea</b>	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; limiting instrumental ADL	Increase of ≥7 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 indicated
<b>Constipation</b>	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
<b>Fatigue</b>	Fatigue relieved by rest	Fatigue not relieved by rest; limiting instrumental ADL	Fatigue not relieved by rest; limiting self-care ADL	-
<b>Peripheral sensory neuropathy</b>	Asymptomatic	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self-care ADL	Life-threatening consequences; urgent intervention indicated
<b>Skin toxicity</b>				
<b>Pruritus</b>	Mild or localised	Intense or widespread intermittent, limiting instrumental ADL	Intense or widespread, constant, limiting self-care ADL or sleep	No criteria
<b>Rash</b>	Covering ≤10% of skin surface	Covering 10-30% of skin surface	Covering >30% of skin surface	Life-threatening Steven-Johnson syndrome, toxic epidermal necrolysis or rash complicated by full thickness dermal ulceration or necrotic, bullous, haemorrhagic manifestations

Sign/Symptom	Grade 1	Grade 2	Grade 3	Grade 4
<b>Pulmonary and cardiac toxicity N.B. presence of fatigue and nausea may indicate cardiac toxicity</b>				
<b>Dyspnoea</b>	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 needed
<b>Cough</b>	Mild symptoms	Moderate symptoms limiting instrumental ADL	Severe symptoms limiting self-care ADL	No criteria
<b>Chest pain (non-cardiac)</b>	Mild pain	Moderate pain limiting instrumental ADL	Severe pain limiting self-care ADL	No criteria
<b>Chest pain (cardiac)</b>	Mild pain	Moderate pain; pain on exertion; limiting instrumental ADL; haemodynamically stable	Pain at rest; limiting self-care ADL; cardiac catheterisation; new onset cardiac chest pain; unstable angina	No criteria
<b>Palpitations</b>	Mild symptoms; intervention not indicated	Intervention indicated	No criteria	No criteria
<b>Arrhythmias</b>	Asymptomatic; intervention not indicated	Non-urgent medical intervention indicated	Urgent intervention indicated	Life-threatening consequences; haemodynamic compromise
<b>Syncope</b>	No criteria	No criteria	Fainting; orthostatic collapse	No criteria
<b>Dizziness</b>	Mild unsteadiness or sensation of movement	Moderate unsteadiness or sensation of movement; limiting instrumental ADL	Severe unsteadiness or sensation of movement; limiting self-care ADL	-
<b>Peripheral oedema</b>	5-10% inter-limb discrepancy in volume or circumference at point of greatest visible difference; swelling or obscuration of anatomic architecture on close inspection	>10-30% inter-limb discrepancy in volume or circumference at point of greatest visible difference; readily apparent obscuration of anatomic architecture; obliteration of skin folds; readily apparent deviation from normal anatomic contour; limiting instrumental ADL	>30% inter-limb discrepancy in volume; gross deviation from normal anatomic contour; limiting self-care ADL	No criteria

E: [feedback@eviq.org.au](mailto:feedback@eviq.org.au)  
W: [eviq.org.au](http://eviq.org.au)

© Cancer Institute NSW. Version 7. Last reviewed October 2023. This document reflects what is currently regarded as safe practice. While every effort has been made to ensure the accuracy of the contents at the time of publication, the Cancer Institute NSW does not accept any liability, with respect to loss, damage, injury, or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceuticals and/or medical products as examples does not imply endorsement of any of these products. See [www.eviq.org.au](http://www.eviq.org.au) for our full disclaimer and any updates.

