

Guidance notes for patient toxicity assessment

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
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of working hours
3	Capable of only limited self-care confined to bed or chair for more than 50% of waking hours
4	Completely disabled, unable to carry out any self-care

Proceed with treatment	Review by senior nursing / medical staff	Must be seen and reviewed by senior medical staff prior to treatment
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Symptoms	Grade				
	0	1	2	3	4
<u>Nausea</u> How many days? What is the patient's oral intake? Are they taking anti-emetics as prescribed?	None	Able to eat	Oral intake significantly reduced	No significant intake; requires IV fluids	
<u>Vomiting</u> How many days/episodes? What is the patient's oral intake? Does the patient have constipation or diarrhoea? (see specific toxicity)	None	1 episode in 24 hours before treatment	2-5 episodes in 24 hours before treatment	More than 6 episodes or IV fluid replacement required	Requires intensive treatment, haemodynamic collapse
<u>Mucositis/stomatitis</u> How many days? Is there evidence of mouth ulcers? Is there evidence of infection? Are they able to eat/drink?	None	Painless ulcer, erythema or mild soreness	Painful erythema, oedema or ulcers but can eat	Painful erythema, oedema or ulcers preventing swallowing and requiring hydration	Severe ulceration requiring parental or enteral support
<u>Diarrhoea</u> How many days? How many times in a 24hr period? Does the patient have any abdominal pain? Has the patient taken any medication?	None	Increase of <4 stools per day over patients baseline	Increase of >4-6 stools day over patients baseline	Increase of 7 stools per day, signs of dehydration	Physiologic consequences requiring intensive care, haemodynamic collapse
<u>Constipation</u> How long since bowels opened? What is normal? Does the patient have any abdominal pain/vomiting? Has the patient taken any medication?	None	Requires stool softener or diet modification	Requires laxatives	Requires intervention	Obstruction or toxic mega colon
<u>Fever/Pyrexia/Infection</u> Has the patient taken their temperature? Has the patient experienced chills, shivering or shaking episodes? Are there any signs of local infection?	< 37.5°C No signs of infection		> 37.5°C – 38.0°C And/or signs of local infection present	>38.0°C – 40°C And/or signs of local infection present	>40°C Life threatening sepsis

Symptoms	Grade				
	0	1	2	3	4
<u>PPE</u> How long?	None	Skin changes or dermatitis without pain (e.g. erythema, peeling)	Skin changes with pain, not interfering with function	Skin changes with pain, interfering with function	
<u>Fatigue</u> How many days has this occurred for? Any other associated symptoms?	None	Increase in base line not effecting daily activities	Moderate, decrease in performance	Severe	Bed ridden or disabled
<u>Pain</u> Any episodes of pain since previous treatment? How long? Is pain constant? Is pain a new symptom?	None	Mild pain not interfering with function	Moderate pain: pain or analgesics interfering with function, but not interfering with activities of daily living	Severe pain: pain or analgesics severely interfering with activities of daily living	Disabling
<u>Anorexia</u> What was weight before? What is appetite like? Any contributory factors e.g. dehydration, diarrhoea, vomiting, mucositis and nausea?	None	Loss of appetite without alteration in eating habits	Oral intake altered without significant weight loss or malnutrition	Oral intake altered in association with significant weight loss/malnutrition	Life threatening complications e.g. collapse
<u>Dyspnoea</u> Is it a new symptom? Is dyspnoea worsening? Is there any chest pain? How long for? What can the patient do?	Normal		Dyspnoea on exertion	Dyspnoea at normal level of activity	Dyspnoea at rest of requiring ventilatory support
<u>Rash</u> Is there a rash? Is it localised or generalised? How long has it been there? Any signs of infection? Is it itchy?	None	Macular or popular eruption or erythema without associated symptoms	Macular or popular eruption or erythema with pruritus or other associated symptoms	Symptomatic unwell	Symptomatic unwell
<u>Chest pain</u> Onset? What makes it worse? Radiation? Any cardiac history?	None	All patients who have experienced chest pain or are currently experiencing chest pain require urgent medical review! STOP CAPECITABINE or INFUSIONAL 5FU			
<u>Neuropathy</u> When did problem start? Is it continuous? Is it getting worse? Is it affecting mobility/function? Any constipation or urinary incontinence?	None	Paraesthesia not interfering with normal function	Paraesthesia interfering with function but not daily activities	Interfering with daily activities of living	Permanent sensory loss
<u>Bleeding or bruising</u> Is it a new problem? Is it continuous? What amount? Where from? Are they on anticoagulants? Haematology follow local policy	None	Mild, self limited controlled by conservative measures	Gross 1-2 units	Gross 3-4 units per episode	Massive > 4 units per episode