

Appendix 5. Triage Assessment Tool

ONCOLOGY/HAEMATOLOGY HELPLINE TRIAGE TOOL

↓ TOXICITY ↓	↓ GRADE ↓	↓ GRADE ↓	↓ GRADE ↓	↓ GRADE ↓	↓ GRADE ↓
0	1	2	3	4	
Fever and receiving cytotoxic chemotherapy or immunocompromised	IF TEMP 37.5°C OR ABOVE or BELOW 36°C or GENERALLY UNWELL - URGENT Assessment AND MEDICAL REVIEW - Follow neutropenia pathway ALERT - Pt's on steroids/analgesics or dehydrated may not present with pyrexia but may still have infection (If in doubt do a count)				
Chest pain Onset? What makes it worse? Radiation? Any cardiac history STOP CAPECITABINE or INFUSIONAL SFU	None	Advise URGENT A&E for medical assessment			
Performance Status Has there been a recent change in performance status?	Asymptomatic	Symptomatic but completely ambulant	Symptomatic, <50% in bed during the day	Symptomatic, >50% in bed, but not bed bound	Bed bound
Nausea How many days? What is the patient's oral intake? Is the patient taking antiemetics as prescribed? Assess patient's urinary output	None	Able to eat/drink reasonable intake Review anti emetics as prescribed	Can eat/drink but intake significantly decreased Review anti emetics according to local policy	No significant intake Arrange urgent assessment and review	
Vomiting How many days/episodes? What is the patient's oral intake? Does the patient have constipation or diarrhoea? (See specific toxicity) Assess patient's urinary output	None	1 episode in 24 hours Review anti emetics as prescribed	2-5 episodes in 24 hours Review anti emetics according to local policy	6-10 episodes in 24 hours Arrange urgent assessment and review	>10 episodes in 24 hours Arrange urgent assessment and review
Oral/stomatitis How many days? Is there evidence of mouth ulcers? Is there evidence of infection? Are they able to eat/drink? Assess patient's urinary output	None	Painless ulcers, erythema, mild soreness able to eat/drink Use mouthwash as recommended	Painful erythema, oedema or ulcers but can eat/drink Continue to use mouthwash, drink plenty of fluids. Use painkillers either as a tablet or mouthwash	Painful erythema difficulty with eating and drinking Arrange urgent assessment and review	Mucosal necrosis and/or requires parenteral or enteral support Arrange urgent assessment and review
Diarrhoea Consider infection! How many days has this occurred for? How many times in a 24hr period? Does the patient have any abdominal pain/discomfort? For how long? Has the patient taken any medication? See specific toxicity for pain N.B. If taking CAPECITABINE chemotherapy, follow specific pathway	None	Increase to 2-3 bowel movements a day over pre-treatment movements Drink more fluids Obtain stool sample ? consider regimen specific antidiarrhoeal	Increase 4-6 episodes a day or nocturnal movement/moderate cramping Drink plenty of fluids Obtain stool sample ? consider regimen specific antidiarrhoeal	Increase to 7-9 episodes a day or incontinence Severe cramping Arrange urgent assessment and review	Increase to >10 episodes a day or grossly bloody diarrhoea or need for parenteral support Arrange urgent assessment and review
Constipation How long since bowels opened? What is normal? Does the patient have any abdominal pain/vomiting? Has the patient taken any medication?	None	Mild - no bowel movement in last 24 hours Dietary advice, increase fluid intake, review supportive medication	Moderate - no bowel movement in last 48 hours If associated with pain/vomiting move to red Review fluid and dietary intake Recommend laxative	Severe - no bowel movement in last 72 hours Arrange Urgent assessment and review	Paralytic ileum >96 hours Arrange urgent assessment and review
Fever NOT receiving chemotherapy	Normal	n/a	>37.5°C - 38°C Check in 1 hr and contact again if still pyrexial - see red	>38-40°C Arrange Urgent assessment and review	>40°C Arrange urgent assessment and review
Infection If pyrexial see fever toxicity Has the patient taken their temperature? - When? Has the patient experienced any shivering, chills or shaking episodes?	None	Generally well	Generally unwell Arrange review	Severe symptomatic infection Arrange Urgent assessment and review	Life threatening sepsis Arrange urgent assessment and review
Palmar - plantar syndrome N.B. If taking CAPECITABINE chemotherapy, follow specific pathway	None	Numbness, tingling, painless erythema and swelling Advise patient to rest hands and feet. Use emollient cream	Painful erythema and swelling ? Arrange review - (may require dose reduction or defer treatment). Advise analgesia	Moist desquamation, ulceration, blistering and severe pain Arrange review - (may require dose reduction or defer treatment) Advise analgesia	
Fatigue How many day has this occurred for? Any other associated symptoms?	None	Increased fatigue but not altering normal activities Rest accompanied with intermittent mild activity	Moderate or causing difficulty performing some activities ? Arrange review	Severe or loss of ability to perform some activities Arrange review	Bedridden or disabling Arrange urgent assessment and review
Anorexia What was their weight before? What is appetite like? Any contributory factors e.g. dehydration, diarrhoea, vomiting, mucositis, and nausea? -link to specific toxicity	None	Loss of appetite without alteration in eating habits Dietary advice	Oral intake altered without significant weight loss or malnutrition: ? Arrange review	Oral intake altered in association with significant weight loss/malnutrition Arrange urgent assessment and review	Life threatening complications e.g. collapse Arrange urgent assessment and review
Dyspnoea/shortness of breath Is it a new symptom? Is dyspnoea worsening? Is there any chest pain? - link to specific toxicity How long for? What can the patient do? (? alteration in PS) CONSIDER SVCO/ANAEMIA/PULMONARY EMBOLISM	None	No new symptoms	Dyspnoea on exertion ? Arrange review	Dyspnoea at normal level of activity Will need urgent assessment and review	Dyspnoea at rest or requiring ventilatory support Arrange urgent assessment and review
Rash Is it localised or generalised? How long has it been there? Any signs of infection? Is it itchy? HAEMATOLOGY FOLLOW LOCAL GUIDANCE	None	Macular or papular eruption or erythema without associated symptoms Localised rash, otherwise well	Macular or papular eruption or erythema with pruritis or other associated symptoms Arrange review	Symptomatic/unwell Arrange urgent assessment and review	Symptomatic/unwell Arrange urgent assessment and review
Neurosensory/motor When did the problem start? Is it continuous? Is it getting worse? Is it affecting mobility/function? Any constipation or urinary incontinence? Consider Spinal Cord Compression	None	Mild paraesthesia, subjective weakness; no objective findings Monitor and contact immediately if deteriorates	Mild or moderate sensory loss, moderate paraesthesia, mild weakness with no loss of function Immediate contact if deteriorates Arrange review	Severe sensory loss, paraesthesia or weakness that interferes with function Arrange urgent assessment and review	Paralysis Arrange urgent assessment and review
Bleeding Is it a new problem? Is it continuous? What amount? Where from? Is the patient on anticoagulants? HAEMATOLOGY FOLLOW LOCAL POLICY	None	Mild, self limited controlled by conservative measures	Gross 1-2 units Urgent assessment to A&E	Gross 3-4 units per episode Urgent assessment to A&E	Massive >4 units per episode Urgent assessment to A&E
Pain Is it a new? Where is it? How long have you had it? Have you taken any analgesia? Consider thrombosis, Tany swelling/redness	None	Mild pain Not interfering with function Advise/discuss analgesia	Has pain Pain or analgesia interfering with function, but not ADL Arrange review	Severe pain Pain or Analgesia interfering with ADL Arrange urgent assessment and review	Severe pain, disabling! Arrange urgent assessment and review
Bruising Is it a new problem? Is it local/generalised? Is there any trauma involved?	None	Petechia/bruising, localised Arrange review	Moderate petechia/purpura Generalised bruising Arrange urgent assessment and review	Generalised petechia/purpura Arrange urgent assessment and review	
Extravasation Any problems immediately after administration? When did the problem start? Is the problem around the injection site? Has the patient got a central venous catheter? Explain the reaction?	None	Non vesicant Review next day	Vesicant Arrange urgent assessment and review		

