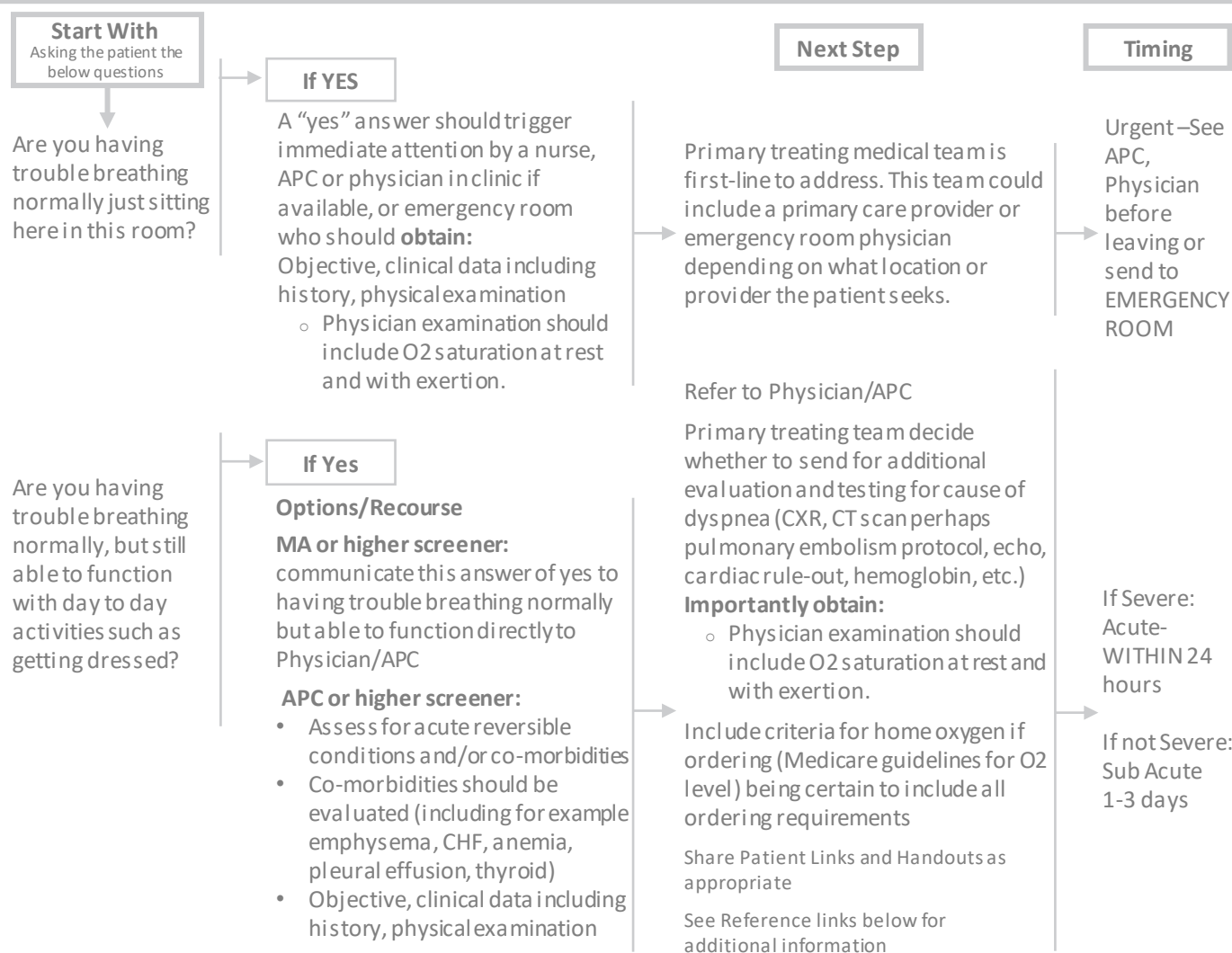


Clinician Follow Up Reference for Supportive Care

Physical Concerns –

“YES” to Breathing



Notes

Stages I-III: Assess for disease recurrence or comorbid condition to manage (for example a new effusion, heart failure, volume overload, pulmonary embolism, anemia). May need palliative care for symptom management (primary palliative care). May be a role for physical medicine, pulmonary rehab, or physical therapy referral at this point if the patient is feeling short of breath and there is no clear cause.

Stage IV: Assess for acute reversible conditions, co-morbidities. Typically the oncologist would handle if reversible, causes not related to an underlying co-morbidity which might be treated by a different subspecialist. If symptoms are due to late stage disease progression, for example breathlessness due to progression, please consider:

- Thoracentesis if moderate to large pleural effusion; or placement of indwelling pleural catheter if repetitive thoracentesis is expected
- Fan for relief of dyspnea - discuss whether NIPPV indicated, wanted, helpful or able to be delivered
- Medications like opioids or decadron for shortness of breath

Consider palliative referral (see NCCN guidelines for Dyspnea) if shortness of breath is not relieved by standard opioids or if the patient has another complex end of life (EOL) need.

Geriatric: Similar process of care for all ages

Patient Links and Handouts:

- [American Cancer Society, Shortness of breath](#)
- [Cancer.Net, Shortness of Breath or Dyspnea](#)
- [NIH, Oxygen Safety](#)

CSOC Patient Handout can be accessed at:

<http://cancer-help.me/breathing>