Clinician Follow Up Reference for Supportive Care

Nutrition Concerns –

"YES" to ***Weight loss or lack of appetite***

Start With
Asking the patient the below questions

Are you eating regular sized meals?
Are you eating small meals throughout the day?
Does food taste normal?
Are you using oral nutrition supplements?
Do you have access to food or need assistance with meal preparation?
Are you having any issues with your teeth?

If NO

Options/Recourse
Appropriate to answers, encourage patient to:

- Eat small and more frequent meals
- Eat foods that are rich in calories and nutrients
- Avoid heavy meals, greasy or fried foods and foods that cause gas
- Eat what tastes good or feels good
- Eat flavorful food or try adding different seasonings to your foods
- Use plastic utensils for metallic taste
- Refer to Meal Assistance Program

Next Step

Refer to Registered Dietitian if available, if not, refer to Registered Dietitian at outside cancer center if possible
or
Refer to Physician/APC or Nurse

Have discussion/share relative options/recourse with patient

- Discuss adding oral nutrition supplements if appropriate
- Give Samples or coupons if available

Timing

Acute- WITHIN 24 hours

Are you nauseous?
Are you constipated?
Do you feel full when eating a small amount of food?
Are you upset/depressed?
Do you have any issues with mouth sores?

If YES

For additional information see Follow Up References for:

- Nausea
- Constipation
- PHQ4 (anxiety/depression)
- Mouth Sores

Refer to Physician/APC
Evaluate and treat:

- metabolic/endocrine disorders (thyroid, calcium)
- dentition, especially if at risk osteonecrosis
- Anorexia / Cachexia

Acute- WITHIN 24 hours

Share Patient Links and Handouts as appropriate
See Reference links below for additional information

Notes

Stages I-III: Nutrition recommendations are based on individual labs, comorbidities, tolerances and preferences of the patient, not necessarily based on stage. May have larger emphasis on artificial nutrition if patient having significant weight loss due to reversible medical problems. Discussion on diet consisting of real food verses empty processed foods.

Stage IV: Anorexia/cachexia may be trigger for palliative care referral. Educating family and patient about normal loss of appetite during dying process (For additional information on Early Satiety, see page PAL-13 and PAL14 in Palliative NCCN Guidelines®). Be knowledgeable about cultural factors surrounding. Promote making food available and gentle encouragement to eat, but also setting manageable expectations for patient's lowered nutrition needs when dying. Give family alternative ways to show love/care for patient. Have discussion about feeding tubes and artificial nutrition (may be appropriate for some patients, not for others). Focus on preparing patient/family on symptoms that may come up from lack of protein- i.e. decubitus ulcers, swollen lower extremities, fatigue. May further consider corticosteroid as method for short-term appetite stimulation. Any patients with dentures or partials check for ill fit (often occurs with weight loss) which can contribute to eating difficulties. Generally, if patient has a terminal illness, it is not recommended that dentures or partials be replaced because they are expensive, and continued weight loss will inhibit a proper fit. Recommendation is to eat soft, pureed foods without dentures or partials if fit is impaired. Coumadin food restrictions are not necessary when life limiting late stage disease is present or has comorbidities. Review medications (polypharma) for those that may no longer be needed.

Geriatric: May have issues with fluids and keeping hydrated which can affect taste. Reduced saliva production may be an issue. Sucking on lemon flavored candy can help increase saliva. Muscle mass loss/atrophy can also be triggered by memory loss (confusing to shop, cook or even forget to eat). Screen for physical and mental (Mini-Cog™) decline, possible referral to resources that can provide a safer living situation.

Patient Links and Handouts:

- American Cancer Society, Drinking and Eating Changes
- American Cancer Society, Weight Changes
- Cancer.Net, Appetite Loss
- Cancer.Net, Weight Loss
- NIH, Nutrition in Cancer Care (PDQ®)
- ASCO Answers Fact Sheet, Appetite Loss
- Memorial Sloan Kettering Eating Well

References:

- NIH, Nutrition in Cancer Care (PDQ®)–Health Professional Version
- Protein calorie malnutrition, nutritional intervention and personalized cancer care

Gangadharan, Anju et al. "Protein Calorie Malnutrition, Nutritional Intervention and Personalized Cancer Care." *Oncotarget* 8.14 (2017): 24009–24030. *PMC*. Web. 20 Sept. 2017.

CSOC Patient Handout can be accessed at: http://cancer-help.me/weightloss

equal hope

v.016.01072022