Clinician Follow Up Reference for Supportive Care

Nutrition Concerns – “YES” to Issues with taste

Start With
Asking the patient the below questions

Are you maintaining your weight?

If NO
Options/Recourse
• Use plastic utensils for metallic taste
• Eat what tastes best
• Eat foods that are rich in calories and nutrients when possible
• Eat flavorful food or add different/additional seasonings
• Try oral nutrition supplements
• Encourage patient to explore different types of foods to find foods that may work
• Discuss good oral care

If YES
Options/Recourse
• See above Options/Recourse
• See Weight loss Follow Up Reference for additional information

Do you have any mouth sores or thrush?

If YES
Options/Recourse
• Discuss good oral care, usage of biotene/dry mouth rinses even if mouth not necessarily dry
• Treat thrush with oral nystatin if mild, diflucan if significant

If NO
See Mouth sores Follow Up Reference for additional information

Next Step

If YES
Refer to Registered Dietitian if available, if not, refer to Registered Dietitian at outside cancer center if possible

Registered Dietitian or Nurse - Have discussion/share relative options with patient

May try zinc oxide, 25mg, 4 times a day (QID)

See Reference links below for additional information

Share Patient Links and Handouts as appropriate

If NO
See above Options/Recourse

See Weight loss Follow Up Reference for additional information

Share Patient Links and Handouts as appropriate

Timing

Discuss same day

Routine - within 1 week

Notes

Stages I-III: Nutrition recommendations are based on individual labs, comorbidities, tolerances and preferences of the patient, not necessarily based on stage. Suggest cooking with additional spices or herbs, flavoring water with lemon, lime or cucumber, using plastic utensils verses metal, sucking on lemon flavored candy to rid mouth of metal taste. Discussion on healthy diet consisting of real food verses processed, fruits and vegetables, nuts, beans whole grains and unprocessed meats.

Stage IV: Nutrition recommendations are based on individual labs, comorbidities, tolerances and preferences of the patient, not necessarily based on stage. Similar to recommendations on weight loss, may be natural part of dying process. If patient closer to dying, discuss lowered appetite/nutritional needs. Encourage eating for pleasure and comfort. Review cultural implication of eating/drinking less.

Geriatric: Always check for proper fit with dentures. Several factors may contribute to loose fitting dentures such as weight loss or dehydration. This population 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 and in turn, reduce or mask bad taste.

Patient Links and Handouts:

➢ American Cancer Society, Taste and Smell Changes
➢ Cancer.Net, Taste Changes
➢ American Institute for Cancer Research®, Heal Well, A Cancer Nutrition Guide
➢ NIH, Nutrition in Cancer Care (PDQ®) – Patient Version
➢ NCI, Eating Hints: Before, During and After Cancer Treatment

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

References:

➢ NIH, PDQ®, Nutrition in Cancer Care, Nutrition Therapy, Alterations of taste and smell
➢ Meal context and food preferences in cancer patients: results from a French self-report survey