### Clinician Follow Up Reference for Supportive Care

#### Physical Concerns – “YES” to Fevers

<table>
<thead>
<tr>
<th>Start With</th>
<th>Next Step</th>
<th>Timing</th>
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<tbody>
<tr>
<td>Asking the patient the below questions</td>
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<tr>
<td>Have you have a fever of 100.5 or greater in the past 24 hours?</td>
<td>Refer to Physician/APC</td>
<td>Urgent – See Physician/APC before leaving or send to EMERGENCY ROOM</td>
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<tr>
<td>Have you taken any medication to reduce the fever in the past 8 hours?</td>
<td>Refer to Primary Care Physician</td>
<td>Acute – within 24 hours</td>
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</table>

#### If YES or NO

- Check patient’s current temperature
- Further inquiry as appropriate:
  - Are you receiving chemotherapy?
  - A “yes” answer should trigger immediate attention by a nurse, APC or physician in clinic if available, or emergency room
  - If “no”, further inquire about other symptoms e.g., chills, cough, sore throat, body aches, urinary burning. Communicate these answers in referral or notes for Next Step

- Refer to Physician/APC
- Physician/APC to rule out febrile neutropenia
- If fever of unknown origin in the later stages of illness, may consider referral to palliative care
- See Reference links below for additional information
- Share Patient Links and Handouts as appropriate

### Notes

**Stages I-III:** If patient is undergoing chemotherapy, fever >100.5 may be a sign of a serious life threatening infection. These patients need prompt medical attention to rule out febrile neutropenia. Patients will need a physical examination, blood work (CBC, blood cultures), chest x-ray, urine studies performed. Would not treat fever until after proper evaluation.

**Stage IV:** Same as above. If determined that persistent fevers are “tumor fevers” due to the cancer itself, patient may receive antipyretics around the clock with acetaminophen, NSAIDS or hi-dose steroids.

**Geriatric:** Temperature of 101 or greater should be immediate/urgent care or if not available, to the ER for evaluation. Older adults have a harder time generating a fever response. Ask about chills and sweats. Fevers in this population should be taken very seriously and need aggressive care. Family and care takers need to be education on the danger of fever in an older person and when to seek medical care. Both flu and pneumonia vaccines are usually recommended, especially with a cancer diagnosis.

### Patient Links and Handouts:
- American Cancer Society, Fever
- CDC, Prepare: Watch out for Fever
- NIH, NCI Infection and Neutropenia

CSOC Patient Handout can be accessed at: [http://cancer-help.me/fever](http://cancer-help.me/fever)

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