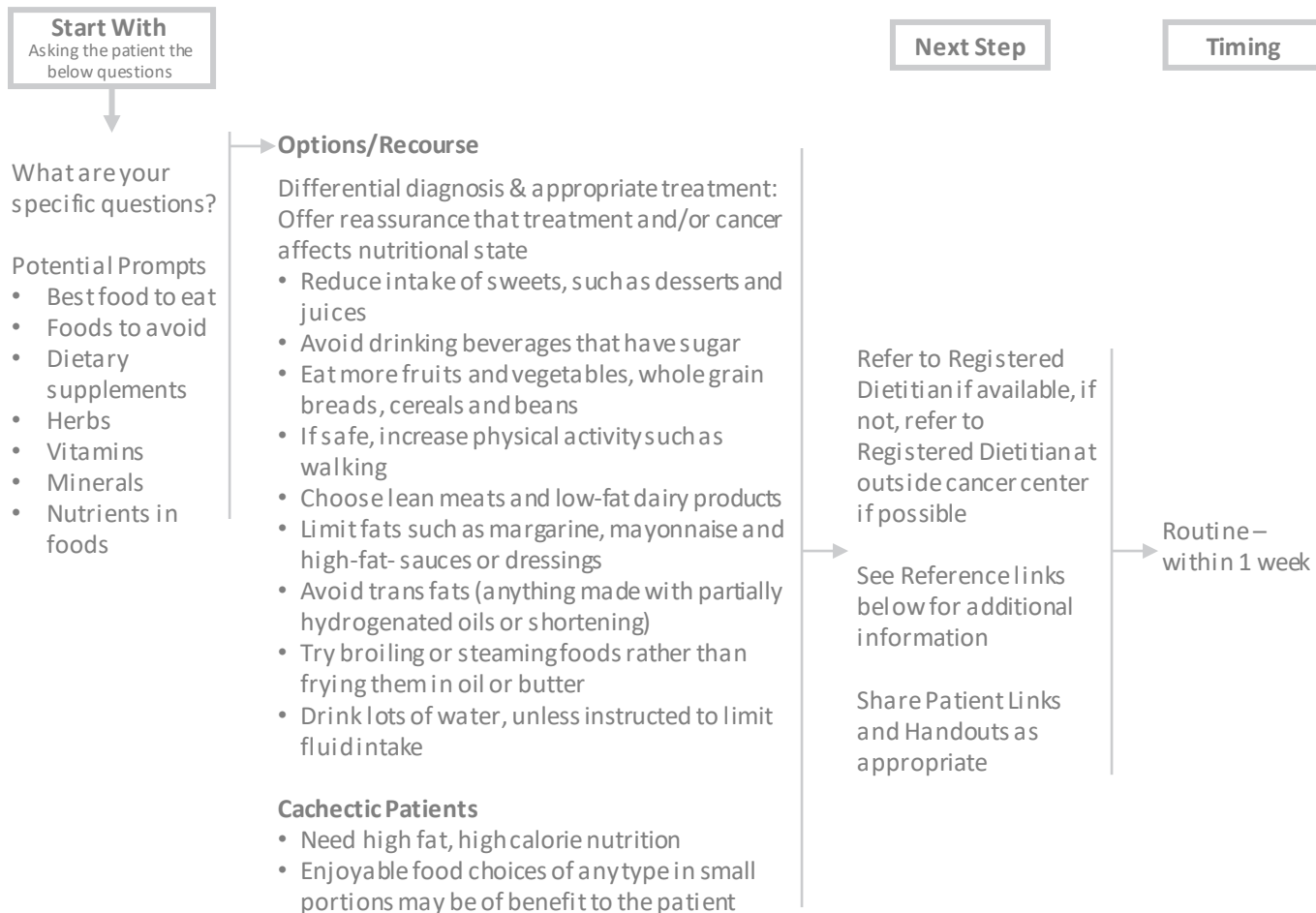


Clinician Follow Up Reference for Supportive Care

Nutrition Concerns –

“YES” to Concerns about nutrition and food



Notes

Stages I-III: Nutrition recommendations are based on individual labs, comorbidities, tolerances and preferences of the patient, not necessarily based on stage. 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. If patient closer to dying, discuss lowered appetite/nutritional needs. Encourage eating for pleasure and comfort. Review cultural implication of eating/drinking less. Review medications (Polypharma) as some may no longer be needed.

Geriatric: 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. Coumadin food restrictions are not necessary when life limiting late stage disease is present or has comorbidities.

Patient Links and Handouts:

- [American Cancer Society Nutrition for People with Cancer](#)
- [Cancer.Net, Food and Cancer Risk](#)
- [NIH, NCI, Nutrition in Cancer Care \(PDO®\) – Patient Version](#)
- [ASCO Answers, Food Safety & Cancer Treatment](#)

CSOC Patient Handout can be accessed at: <http://cancer-help.me/nutrition>

References:

- [NIH, PDO®, Overview of Nutrition in Cancer Care](#)
- [NIH, PDO®, Nutrition Assessment in Cancer Care](#)
- [NIH, PDO®, Treatment of Symptoms](#)
- [NIH, PDO®, Nutrition Needs at End of Life](#)