**Clinician Follow Up Reference for Supportive Care**

**Physical Concerns – “YES” to Sleep**

**Start With**

Asking the patient the below questions

- Did your sleep issues start with diagnosis?
- Did your sleep issues start with a new treatment?

**If YES**

**Options/Recourse**

**MA level screener:** communicate these answers to Physician/APC in referral or notes for Next Step

**APC or higher screener:**

Assess for cause

- Optimal management of pain and other symptoms
- Addressing psychological, spiritual and existential concerns adequately
- Offer basic sleep hygiene education
- Relaxation training/Cognitive behavioral therapy
- Encourage exercise if appropriate
- Review new or recent medications that may be the cause
- Were steroids given as premeds for chemotherapy

**If NO**

**Options/Recourse**

Assess for cause

- Ask if the sleep disturbance is a chronic condition present before diagnosis/treatment
- What if anything improved the condition in the past
- Offer basic sleep hygiene education
- Relaxation training/Cognitive behavioral therapy
- Encourage exercise

**Next Step**

Refer to Physician/APC or Psychosocial

Any primary care team member who inquires about sleep

- Consider medication to treat, may need to be more cautious in geriatric patient population
- Alter medications if medications are the underlying cause
- Discuss with oncologist possible steroid dose reduction
- Address the psychosocial domain which may contribute

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

**Timing**

Routine - within 1 week

Acute - WITHIN 24 hours: if insomnia > 3 nights/days

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**Notes**

**Stages I-III:** Consider whether it is fear of recurrence or due to other life stressors like return to work, relationship issues. Does patient have history of sleep APCea? Try and avoid hypnotics except for very short term use. Older patients should especially use hypnotics with caution, as they can increase risk of confusion and falls. Review medications that may impact sleep such as steroids, diuretics etc. Thorough sleep history is important.

**Stage IV:** Be sure to address existential concerns or fear of progression. Review medications that may impact sleep such as steroids, diuretics etc. Thorough sleep history is important. Hypnotics or anxiolytics may be useful to help with sleep if other interventions are not possible or unhelpful. For older or frail patients, assess for fall risk and caregiver support at night before prescribing medication for sleep.

**Geriatric:** Cognitive issues can be a cause of sleep disturbances. Sleep/wake reversal can happen to older adults. Sundowners is an early sign of cognitive issues and a trigger for a cognitive assessment. Needs aggressive sleep hygiene treatment.

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**Patient Links and Handouts:**

- American Cancer Society, Sleep Problems
- Cancer.Net, Sleeping Problems: Insomnia
- NIH, Sleep Problems in People with Cancer
- NIH Sleep Disorders (PDQ®) — Patient Version
- CSOC Patient Handout can be accessed at: [http://cancer-help.me/pfh-sleep](http://cancer-help.me/pfh-sleep)