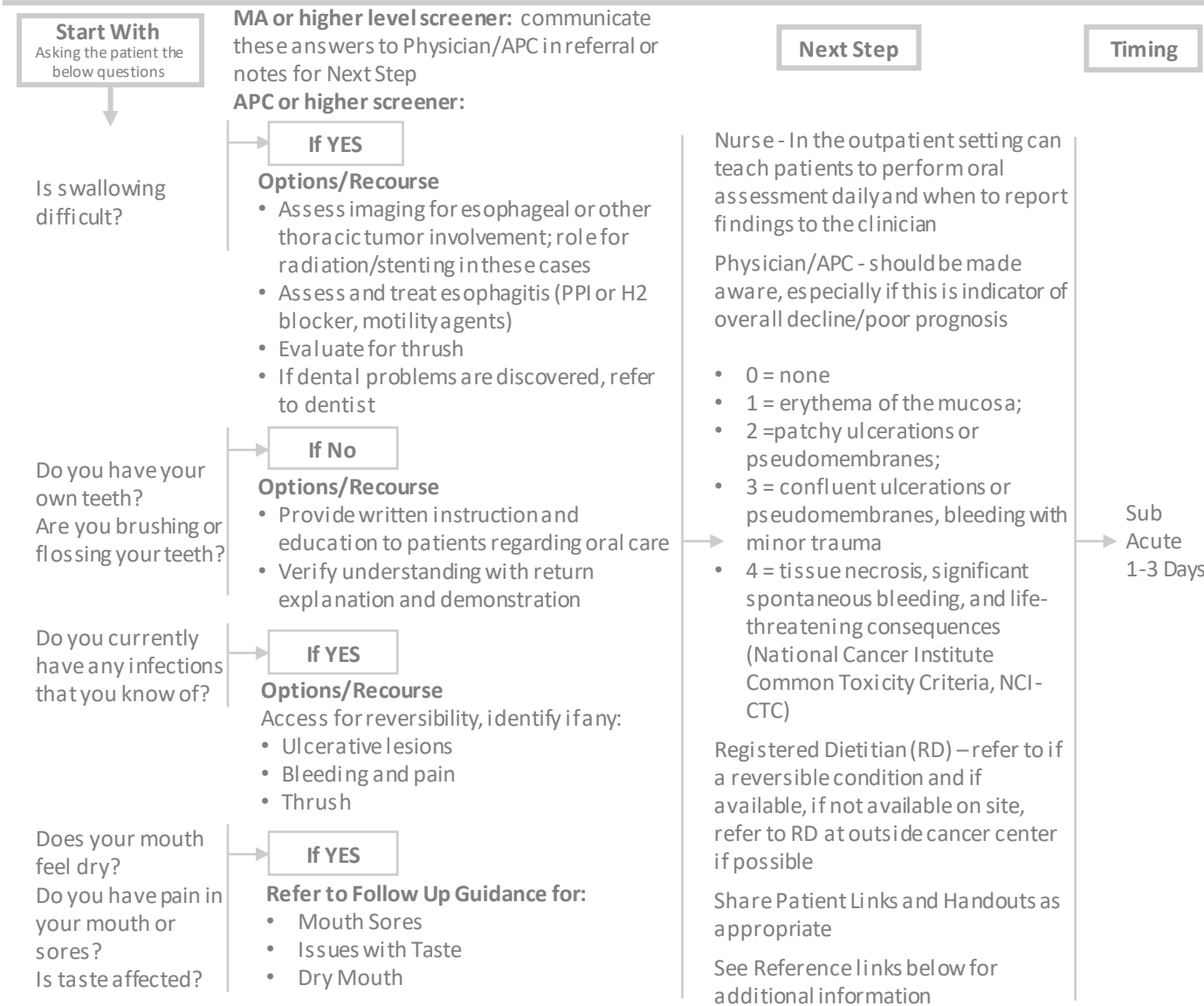


Clinician Follow Up Reference for Supportive Care

Physical Concerns –

“YES” to *Difficulty chewing or swallowing*



Notes

Stages I-III: Refer to speech pathologist if a swallowing issue. Refer to dentist if having difficulty chewing due to dental issues.

Stage IV: For late stage swallowing issues, medications can be changed from pill to liquid. Consider life expectancy and accompanying comfort measures. Educate regarding normal dying process. Refer to GI for stenting if anatomic. For oral candidiasis, use systemic antifungal agents (level of evidence 1, Recommendation Grade A) For oral and perioral viral infections, both acyclovir and valacyclovir are recommended for the prevention of HSV infection (Grade of recommendation A, level of evidence I) Review role of tube feeding with swallowing difficulty. May be appropriate if issue is related to mechanical blockage rather than overall decline (i.e. esophageal mass, head and neck cancer). If not, may be a trigger for a palliative care referral as a sign of overall decline/poor prognosis.

Geriatric: This population may have dental/denture issues that may make chewing and swallowing difficult. Make sure to address any teeth issues that could be resolved with proper mouth care or dental referral.

Patient Links and Handouts:

- [American Cancer Society, Swallowing Problems](#)
- [Cancer.Net, Difficulty Chewing](#)
- [Cancer.Net, Difficulty Swallowing or Dysphagia](#)
- [NIH, Chemotherapy and Your Mouth](#)

Reference:

- [NIH, Oncology Team, Oral Complications of Cancer Treatment](#)

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