

Clinician Follow Up Reference for Supportive Care

Physical Concerns – “YES” to Mouth Sores

Start With Asking the patient the below questions		Next Step	Timing
<p>Do you have pain in your mouth, any sores or sore spots?</p> <p>Do you have an infection that you know of?</p> <p>Are you brushing or flossing your teeth?</p>	<p>MA level screener: communicate these answers to Physician/APC in referral or notes for Next Step</p> <p>APC or higher screener:</p> <p>If YES</p> <p>Options/Recourse Assess for cause</p> <ul style="list-style-type: none"> Examine oral cavity and look for lesions and/or thrush Treatment related stomatitis Head Neck guidelines, other guidelines <p>Oral Care:</p> <ul style="list-style-type: none"> Use gentle toothpaste (children’s toothpaste) Use soft toothbrush Rinse mouth with water after eating or drinking 	<p>Refer to Physician/APC or Nurse</p> <p>Share Patient Links and Handouts as appropriate</p> <p>See Reference links below for additional information</p> <p>For stomatitis- Assess for risk factors, medications that worsen dry mouth (anticholinergics, certain chemotherapies, opioids, anti hypertensives, antidepressants)</p> <p>Treatment in step-wise approach:</p> <ul style="list-style-type: none"> Coating agents such as bismuth salicylate, sucralfate, or other antacids Water-soluble lubricants for mouth and lips Topical analgesics, such as benzydamine hydrochloride Topical anesthetics, such as lidocaine viscous (might impair gag reflex for a short period) Oral or parenteral analgesics, including opioids if needed, for pain not controlled with above <p>(From NIH nursing guidelines of stomatitis management)</p> <p>Assess and discuss risk for osteonecrosis (bisphosphonate therapy)</p>	<p>Sub Acute 1-3 days</p>
<p>Does your mouth feel dry?</p> <p>Is taste affected?</p>	<p>If YES</p> <p>For additional information see Follow Up Reference for:</p> <ul style="list-style-type: none"> Dry Mouth Issues with Taste 		

Notes

Stages I-III: Consider the possibility of thrush or stomatitis.

Stage IV: Consider dose reduction of chemotherapy if chemotherapy is the offending agent and symptom support is not effective.

Geriatric: This is a very common symptom in older adults. Be sure to remove any dentures or partials and assess the gums underneath.

Patient Links and Handouts:

- [American Cancer Society. Mouth Sores and Pain](#)
- [Cancer.Net. Mouth Sores or Mucositis](#)
- [NIH. Head and Neck Radiation Treatment and Your Mouth](#)
- [NIH. Chemotherapy and Your Mouth](#)
- [NIH. Oral Complications of Chemotherapy and Head/Neck Radiation \(PDO®\)](#)
- [NIH. Mouth and Throat Problems](#)
- [ASCO. Dental and Oral Health](#)

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

References:

- [NIH. Oral Complication of Chemotherapy and Head/Neck Radiation \(PDO®\) Professional Version](#)
- [NIH. Cancer Treatments and Oral Health](#)
- [NIH. Oncology Team. Oral Complications of Cancer Treatment](#)
- [NIH. Oncology Team. Oncology Pocket Guide to Oral Health](#)