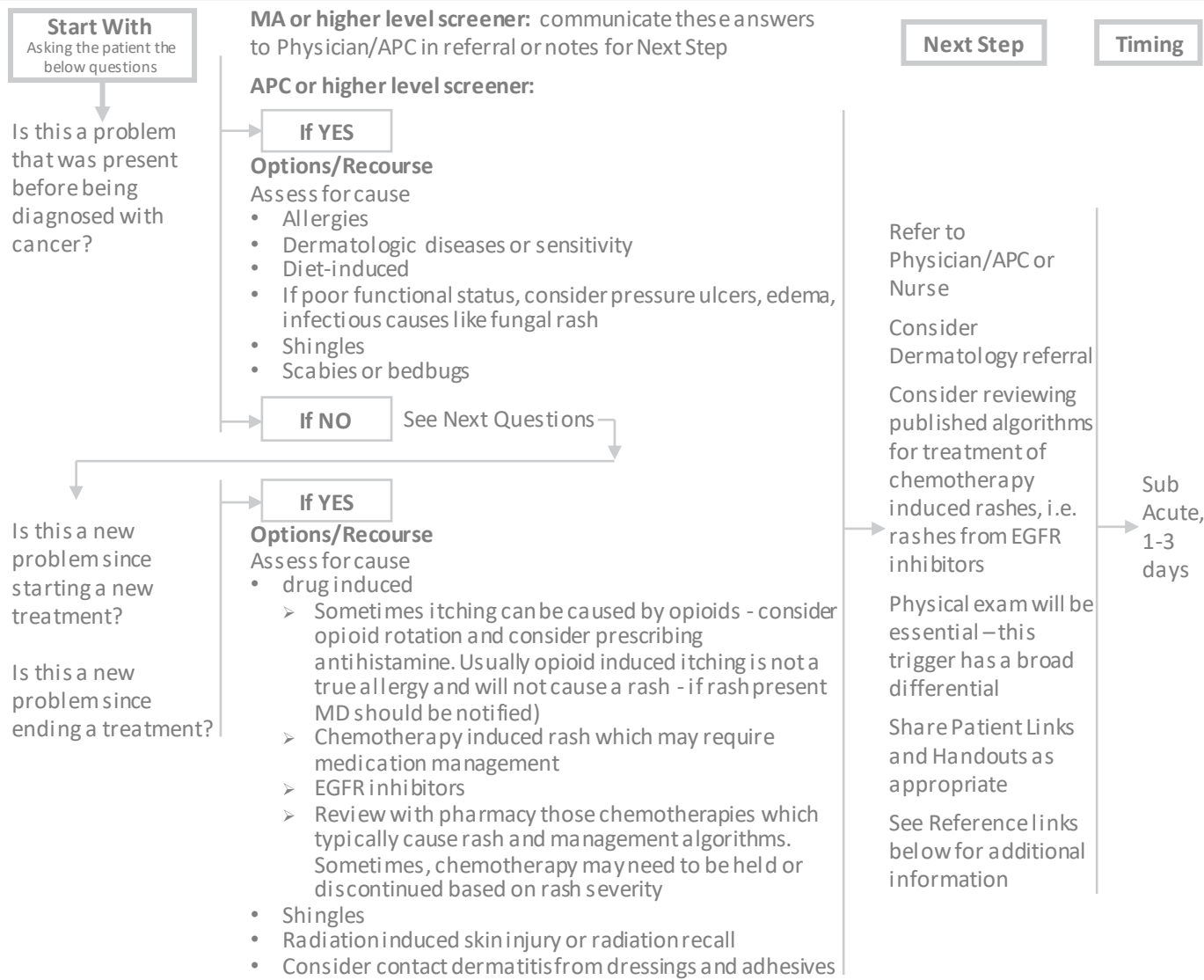


# Clinician Follow Up Reference for Supportive Care

## Physical Concerns –

### “YES” to *Skin dry/itchy, blister/pain*



## Notes

**Stages I-III:** Physical exam important to help determine cause. Often rashes stem from chemotherapy. Consider guidelines to treat chemotherapy induced rashes. If no visible rash or skin lesion, may be due to opioid induced itching.

**Stage IV:** Often rashes stem from chemotherapy. Consider guidelines to treat chemotherapy induced rashes. However, other conditions may not be amenable to cure; focus on ameliorating symptoms (for example topical lidocaine or morphine creams may help) or other symptom control (for example, Benadryl for itchiness), prevention of worsening condition (for example, proper emollients, proper beds or caregivers to help bed sores), and prevention of infection. Some patients may need wound care team support or procedures like a Foley catheter to protect peroneal/sacral wounds.

**Geriatric:** Geriatric skin is baseline dryer. Assess whether this concern is this new or ongoing. If ongoing, ask how patient has treated this issues before and if not successful, offer different treatment options.

## Patient Links and Handouts:

- [American Cancer Society, Dry Skin](#)
- [American Cancer Society, Targeted Therapy Side Effects](#)
- [Cancer.Net, Skin Conditions](#)
- [PubMed Health, PDO® Patient Version, Pruritus](#)
- [NIH, NCI, Skin and Nail Changes during Cancer Treatment](#)

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

## References:

- [NIH, Pruritus \(PDO®\)–Health Professional Version](#)
- [EGFR Rash - Clinical practice guidelines for the prevention and treatment of EGFR inhibitor-associated dermatologic toxicities](#)
- [MSK, Skin Care Guidelines, Radiation Therapy](#)