**Clinician Follow Up Reference for Supportive Care**

**Physical Concerns** – **“YES” to Skin dry/itchy, blister/pain**

### Start With

**Asking the patient the below questions**

- Is this a problem that was present before being diagnosed with cancer?
- Is this a new problem since starting a new treatment?
- Is this a new problem since ending a treatment?

### MA or higher level screener:

Communicate these answers to Physician/APC in referral or notes for Next Step

### APC or higher level screener:

#### If YES

**Options/Recourse**

Assess for cause

- Drug induced
  - Sometimes itching can be caused by opioids - consider opioid rotation and consider prescribing an antihistamine. Usually opioid induced itching is not a true allergy and will not cause a rash - if rash present MD should be notified.
  - Chemotherapy induced rash which may require medication management
  - EGFR inhibitors
  - Review with pharmacy those chemotherapies which typically cause rash and management algorithms. Sometimes, chemotherapy may need to be held or discontinued based on rash severity
  - Shingles
  - Radiation induced skin injury or radiation recall
  - Consider contact dermatitis from dressings and adhesives

#### If NO

See Next Questions

### If YES

**Options/Recourse**

Assess for cause

- Drug induced

- Allergies
- Dermatologic diseases or sensitivity
- Diet-induced
- If poor functional status, consider pressure ulcers, edema, infectious causes like fungal rash
- Shingles
- Scabies or bedbugs

### Next Step

Refer to Physician/APC or Nurse

Consider Dermatology referral

Consider reviewing published algorithms for treatment of chemotherapy induced rashes, i.e. rash from EGFR inhibitors

Physical exam will be essential – this trigger has a broad differential

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

### Sub Acute, 1-3 days

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

### APC or higher level screener:

#### If YES

**Options/Recourse**

Assess for cause

- Drug induced
- Sometimes itching can be caused by opioids - consider opioid rotation and consider prescribing an antihistamine. Usually opioid induced itching is not a true allergy and will not cause a rash - if rash present MD should be notified.
- Chemotherapy induced rash which may require medication management
- EGFR inhibitors
- Review with pharmacy those chemotherapies which typically cause rash and management algorithms. Sometimes, chemotherapy may need to be held or discontinued based on rash severity
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- Consider contact dermatitis from dressings and adhesives

#### If NO

See Next Questions

### 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](http://cancer-help.me/skin)
- [American Cancer Society, Targeted Therapy Side Effects](http://cancer-help.me/skin)
- [Cancer.Net, Skin and Nail Changes during Cancer Treatment](http://cancer-help.me/skin)
- [PubMed Health, PDQ® Patient Version, Pruritus](http://cancer-help.me/skin)
- [NIH, NCI, Skin Care Guidelines, Radiation Therapy](http://cancer-help.me/skin)

**CSOC Patient Handout can be accessed at:** [http://cancer-help.me/skin](http://cancer-help.me/skin)

### References:

- [NIH, Pruritus (PDQ®)–Health Professional Version](http://cancer-help.me/skin)
- [EGFR Rash - Clinical practice guidelines for the prevention and treatment of EGFR inhibitor-associated dermatologic toxicities](http://cancer-help.me/skin)
- [MSK, Skin Care Guidelines, Radiation Therapy](http://cancer-help.me/skin)