Clinician Follow Up Reference for Supportive Care **Physical Concerns** –

"YES" to **Tingling in hands/feet**



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

Next Step

Timing

Acute-

WITHIN

24 hours

APC or higher level screener:

Did this feeling start with a new treatment?

If YES

Options/Recourse

A good history is essential Assess for cause

- Medication induced
- Chemotherapy induced
- Is the tingling unilateral and is any weakness present to raise concern of a neurologic event?

If NO

Options/Recourse

A good history is essential

As sess for cause

- Diet/alcohol related, other neurologic condition (like nerve impingement)
- Tailor evaluation to the severity of the symptoms and how it impacts function and quality of life (physical/neurologic exam, consider blood tests, nerve conduction tests, MRIs or other tests, consider Neurology referral especially if uncertain etiology)

If late stage disease or obvious cause would treat with medication for neuropathic pain i.e. gabapentin or tricyclic; sometimes methadone

Refer to Physician/APC or Nurse

If unilateral weakness present, patient needs immediate ass essment because symptom may be concerning for Cerebrovascular accident (CVA)

- consider Neurology referral or ER evaluation especially if uncertain etiology
- consider palliative care referralifuncontrolled and/or debilitating

If tingling is related in time to chemotherapy administration, evaluate s everity and consider dose modification if it is grade 3 or 4.

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

Notes

Stages I-III: Focus on cause and removing inciting agents; if tingling is related to chemotherapy, assess the grade and decide on whether dose modification is warranted. In the adjuvant setting, maintaining dose intensity is important. However, if the tingling becomes grade 3 or 4, consider holding chemotherapy, reassessing at next cycle, and dose modification if necessary.

Stage IV: Focus on quality of life besides reducing/stopping the inciting agent; treatment is complex and varied - highly consider palliative care or pain specialty referral if not responsive to standard treatments for neuropathy. Consider dietician referral for proper diet and vitamin intake. Also consider Integrative Medicine/physical medicine techniques like acupuncture, electrical stimulators

Geriatric: Getting a baseline assessment of neuropathy, tingling in hands and feet, is important in this population. If patient is diabetic, neuropathy can get substantially worse and requires aggressive care. Neuropathy, especially in this population, greatly increases the chance for falling. Patient may require a cane or walker to minimize risk.

Patient Links and Handouts:

- > American Cancer Society, Peripheral Neuropathy
- Cancer.Net. Nerve Problems or Neuropathy
- NIH. Nerve Problems (Peripheral Neuropathy) and Cancer Treatment

References:

- > Prevention and Management of Chemotherapy-Induced Peripheral Neuropathy in Survivors of Adult Cancers: Ameican Society of Clinical Oncology Clinical Practice Guideline
- > Fast Fact, #197 Chemotherapy induced Peripheral Neuropathy

CSOC Patient Handout can be accessed at: http://cancer-help.me/tingling

