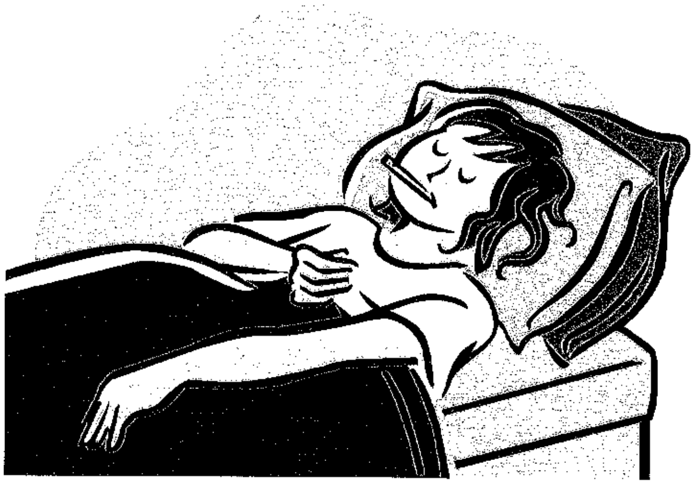
renew

Home Health

Patient Information Book

Caring for the Cancer Patient at Home



Renew Home Health's Patient Teaching Guide

Caring for the Cancer Patient at Home

Ask most cancer patients what their biggest fear is about treatment and their answer will be "the side effects". This is understandable. Undergoing treatment for cancer is a difficult thing and there are side effects associated with most treatments. But, as a cancer patient or a caregiver, there are a couple of things that you should know.

First, great advances have been made in therapies and most side effects can be effectively managed. The days of horrible, uncontrolled nausea and vomiting are gone. Today, we have medications designed to effectively combat side effects such as these.

Secondly, while chemotherapy is often the most feared treatment, radiation therapy can be equally difficult. Patients and caregivers should understand that radiation therapy will require as much attention to care as chemotherapy.

Finally, all therapies are not the same. The side effects that you experience will be directly related to what type of treatments/medications that you receive. This teaching guide includes information about how to successfully manage the most common side effects of cancer treatment. You may not experience all of them....but there is a good chance that you will experience some.

Fatigue

Fatigue is the most common side effect of cancer treatment. It can appear suddenly and be overwhelming to the patient. Unfortunately, it is not relieved with rest and can last for months after treatment. Cancer fatigue can have a significant effect on a patient's life and greatly decrease their ability to perform their usual activities.

What to look for:

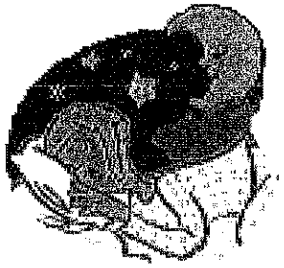
- Feeling like you have no energy
- Sleeping more than normal
- Feeling tired even after sleeping
- Being unable to perform your regular activities
- Paying less attention to your personal appearance
- Trouble thinking or concentrating
- Trouble finding words or speaking

What the patient and caregiver can do:

- Establish a routine that balances rest and activities.
- Plan your important activities when you have the most energy.
- Understand your limitations and pace yourself. Don't plan several tasks together.
- Ask others to help you with errands and household tasks.
- Eat! Especially a well balanced, protein rich (meat, eggs, cheese, beans) diet.
- Get enough rest and sleep. Naps and rest breaks may be needed.
- Don't push yourself to do more than you are able.
- Tell your doctor if you can't get around as well as usual. You may need therapy to help you maintain your optimum level of function.

Call the nurse or the physician if the patient:

- Is too tired to get out of bed for more that a 24 hour period
- Becomes confused or cannot think clearly
- Has trouble sleeping at night
- Has fatigue that is getting progressively worse
- Feels out of breath or has a racing heart after only a small amount of activity



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Poor Appetite

A *poor appetite* can be caused by many things, such as trouble swallowing, nausea, vomiting, pain or depression. A poor appetite may also be due to changes in taste, smell, a feeling of fullness, tumor growth, dehydration or side effects of treatment.

What to look for:

- Lack of interest in food
- Refusing to eat
- Weight loss

What the patient or caregiver can do:

- Think of food as a necessary part of treatment. How well you maintain your weight is an important indicator of how well you are doing overall.
- Large meals can be overwhelming to someone who has a poor appetite. If you are struggling, set a goal of eating 6-8 snacks a day instead. Although you still may not enjoy eating, you could find that these small snacks are less intimidating than a large meal.
- ***Remember, when you have a poor appetite, any calorie is a good calorie!*** Try foods that are high in calories and easy to eat - such as pudding, gelatin, ice cream, sherbet, yogurt, fruit smoothies or milkshakes. Add sauces and gravies to meats. Increase butter, oils, syrups and milk in foods to increase calories. Avoid low fat versions of foods.
- Try starchy foods (such as bread, pasta or potatoes) with high protein foods (such as fish, poultry, meats, eggs, cheese, nuts, peanut butter, yogurt, beans)
- Keep cool drinks within the patient's reach. Avoid acidic juices.
- If you are bothered by the metallic taste of silverware, try plastic forks/knives.
- Avoid drinking liquids with meals. It leads to early fullness.
- Try to create a pleasant setting for meals. Surprisingly, distractions such as conversation or soft music can help you eat better.
- When you don't feel like eating, try a high protein liquid meal instead. Examples: Ensure, Boost or Carnation Instant Breakfast. Using a straw or freezing them to create an ice cream may help make them more palatable.
- Loss of appetite and the unwillingness of a cancer patient to eat can often lead to feelings of anger between the patient and their family. It is important to be aware of this common dynamic and avoid behaviors that will aggravate an already difficult situation. As a caregiver, continually provide what support you can to facilitate good nutrition, but avoid arguing with the patient if they are unwilling to eat. It can do more harm than good.

Call the nurse or the physician if the patient:

- Loses 5 pounds or more
- Feels pain when they eat
- Has no bowel movement for 3 days

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Nausea, Vomiting and Dehydration

Nausea and *vomiting* are 2 of the most common and most dreaded side effects of cancer treatment. How severe these side effects are for you depend on the chemo you are getting and how they affect you.

The good news is that nausea and vomiting can almost always be controlled. The medications used to treat nausea, called ***anti-emetics***, work differently for different people. You may need to try more than one to determine which will work best for you.

What to look for:

- Nausea/vomiting that is not controlled with anti-emetic medications
- Inablility to eat or drink without becoming nauseated or vomiting

What the patient or caregiver can do:

- Discuss your nausea with your physician and care team to ensure that it is being effectively treated. Stay ahead of any nausea by using ordered anti-emetic medication before your symptoms become severe.
- If the smell of food bothers you, remove yourself from the preparation area. Try eating foods that are cold or at room temperature. It will decrease the odor.
- Avoid drinking with meals. It worsens nausea.
- Eat and drink slowly.
- Avoid sweet, fried or fatty foods.
- If nausea is a problem in the morning, try eating dry foods (such as crackers or dry toast) before getting up – unless you have a dry mouth or mouth sores.
- Drink cool, clear liquids, such as apple juice, tea or ginger ale that has lost it's fizz.
- Suck on ice cubes, mints or tart candies. (Avoid tart candies with mouth sores)
- Rest after eating, but avoid lying flat for at least 2 hours.
- Breathe deeply and slowly when you feel nauseated.
- Avoid big meals so your stomach won't feel too full. Instead, eat frequent, small snacklike meals throughout the day.

Call the nurse or the physician if the patient:

- Feels nauseated and cannot eat for a day or more
- Vomits for more than 24 hours
- Is unable to drink or keep liquids down
- Has pain that is not controlled
- Does not urinate for an entire day or;
- Exhibits a decreased urine output that is dark and strong smelling. This can indicate that the patient is becoming dehydrated.

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Urinary Changes – Bladder and Kidney Problems

Some chemo drugs can irritate your bladder or cause short or long term kidney damage. They may cause your urine to change color (orange, red, green or yellow) or take on a strong or medicine-like odor.

What to look for:

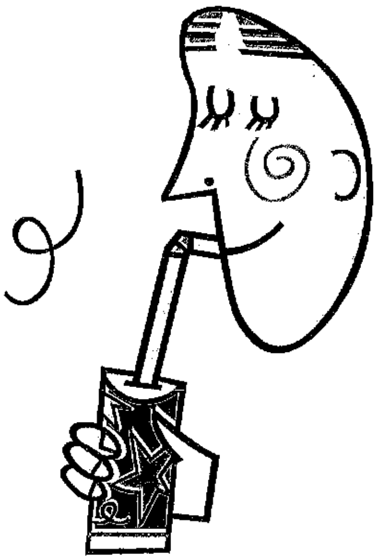
- Pain or burning when you urinate
- Urinating a lot
- A feeling that you must urinate right away
- Reddish or bloody urine
- Fever
- Chills

What the patient or caregiver can do:

- Drink plenty of fluids to ensure good urine flow and prevent problems. Water, juice, coffee, tea, soup, soft drinks, broth, ice cream, popsicles and gelatin count as fluids
- Ask your doctor if your chemo may have urinary side effects. Make yourself aware of what symptoms are *expected* (such as a change in urine color or smell) and what symptoms are *abnormal* (such as painful urination or a decrease in urine output).

Notify the nurse or physician if the patient:

- Is experiencing any of the symptoms in the "What to look for" section that are not *expected* side effects.



Bowel Changes - Constipation

Some people become constipated from chemo. Others may become constipated because they are less active, eat less than normal, have diet changes or because they are taking pain medications. You may need to take a laxative or stool softener, but do not use these unless you have checked with your doctor. This is especially important if your white blood cell or platelet count is low.

What to look for:

- No bowel movement for 2 or more days.
- Abdominal discomfort or feeling of fullness

What the patient or caregiver can do:

- Drink plenty of fluids to keep your stool soft.
- Drink warm or hot fluids. They stimulate the bowel.
- Get some exercise. Just getting out for a walk can help.
- Eat high fiber foods such as whole wheat breads, cereals, vegetables and fruit.

Notify the nurse or physician if the patient:

- Has not had a bowel movement in 3 days
- Is experiencing abdominal pain

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Bowel Changes – Diarrhea

When chemo affects the lining of the intestine, it can cause diarrhea. In severe cases, the physician may have you take an anti-diarrheal medication. Do not take other the counter anti-diarrheal medications without asking your doctor first.

What to look for:

- Loose or watery stool
- 2 loose or watery stools within 4 hours
- Pain or cramping with bowel movements

What the patient or caregiver can do:

- Eat smaller amounts of food, but eat more often.
- Avoid coffee, tea, alcohol and sugary foods.
- Avoid high fiber foods. They can lead to diarrhea and cramping.
- Eat low fiber foods, such as white bread, white rice, noodles, ripe bananas, mashed or baked potatoes and eggs.
- Stay away from fried, greasy or spicy foods.
- Avoid milk or milk products. They can make diarrhea worse.
- Eat potassium rich foods to replace the potassium lost with diarrhea, unless your physician has told you otherwise. Bananas, potatoes, oranges and peach/apricot nectar are examples of potassium rich foods.
- Drink plenty of fluids to replace those you have lost through diarrhea. Mild, clear liquids – such as apple juice, water, clear broth or ginger ale – are best. Make sure they are at room temperature and drink them slowly. Let carbonated drinks lose their fizz before you drink them.
- If your diarrhea is severe (meaning you have had 7 or 8 loose stools in 24 hours), tell your physician right away. Ask if you should try a clear-liquid diet to give your bowels time to rest. As you feel better, slowly introduce low fiber foods.
- If you diarrhea doesn't improve, you may need to get IV fluids to replace the water and nutrients you have lost.

Notify the nurse or physician if the patient:

- Experiences diarrhea that lasts more than 24 hours
- Experiences diarrhea with nausea and vomiting
- Experiences abdominal pain/cramping that is more severe than normally expected with an episode of diarrhea

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Mouth, Gum and Throat Problems

Good mouth care is very important during cancer treatment. The treatment can cause sores in the mouth and throat. It can make these areas dry and irritated and cause them to bleed. Mouth sores are not only painful, but can become infected by the normal bacteria that live in your mouth. Since infections can be hard to fight during your treatment, it is important to take every possible step to keep your mouth and throat as healthy as possible.

Ways to keep your mouth, gums and throat healthy:

- If possible, have your teeth cleaned at least 2 weeks prior to beginning chemo and address any cavities, abscesses or gum disease that may be present.
- Ask your dentist about preventative oral products to help prevent decay.
- Brush your teeth and gums after every meal. Buy an extra soft toothbrush and use a gentle touch. Aggressive brushing can damage mouth/gum tissues.
- Rinse your toothbrush well after each use and store it in a dry place.
- Avoid commercial mouthwashes. They often contain irritants, such as alcohol.

If you develop sores in your mouth (this is caused **stomatitis)**, tell your doctor or nurse right away because you may need treatment. Be sure to let them know if the sores are painful or keep you from eating normally.

If mouth sores are painful or keep you from eating, try these tips:

- Eat foods cold or at room temperature. Hot and warm foods can irritate a tender mouth and throat.
- Choose soft, soothing foods such as ice cream, milk shakes, baby food, soft fruits (bananas, applesauce), mashed potatoes, cooked cereals, soft boiled or scrambled eggs, cottage cheese, macaroni and cheese, custards, puddings and gelatin. You also can puree cooked foods in the blender to make them smoother and easier to eat.
- Avoid acidic foods, such as tomatoes, citrus fruits or their juices, spicy foods, salty foods, rough, coarse or dry foods like raw vegetables, pretzels, granola or toast.

If your mouth is dry and it makes it difficult for you to eat, try these tips:

- Moisten dry foods with butter, margarine, gravy, sauces or broth.
- Dunk crisp, dry foods in mild liquids
- Eat soft, pureed foods
- Suck on ice chips, popsicles or hard candy
- Chew gum
- Use lip balm for dry lips

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Hair, Skin and Nail Changes

Changes in your hair, skin and nails can be expected with treatment. Once again, the specific changes you experience will depend upon the treatments you receive.

Hair Loss

Hair loss can be distressing, but not all chemo drugs will make you lose your hair. Some people have only mild thinning that is not noticeable by others. Your physician will be able to tell you if your treatment will cause you to lose your hair.

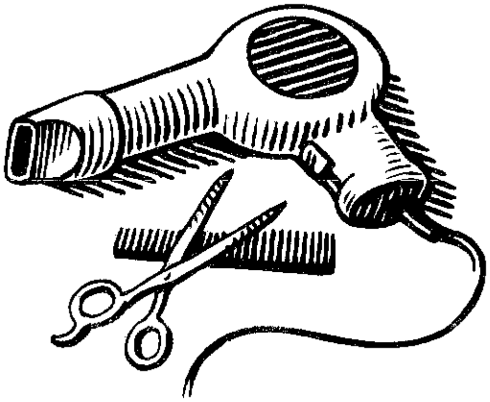
Things that may help with hair loss:

- Use mild shampoos and soft bristle hair brushes
- If you must use a hair dryer, use low heat
- Don't dye or perm your hair
- Cut your hair short. The shorter style will make your hair look thicker and fuller. It also makes the hair loss easier to deal with if it does happen.
- Use a sunscreen, hat, scarf or wig to protect your scalp from the sun.
- Use a satin pillowcase

Sometime, either during the regrowth of your hair or when you are bald, your scalp may feel extra tender, dry or itchy. It may help to keep your scalp clean by using a moisturizing shampoo and conditioner. Also, use gentle creams or lotions on your scalp, as needed.

After chemo, your hair's texture and fullness may change. Most doctors recommend patients do not use hair dyes or perms until their hair returns to normal. This may be as long as 6 months after treatment.

If you need a hairpiece or wig because of your cancer treatment, it is a tax deductible expense. It may also be covered in part by your health insurance, so be sure to check your policy. If you have coverage, ask your doctor to write a prescription for a "hair prosthesis".



Skin and Nail Changes

You may experience minor skin problems during your treatment, including color changes, redness, itching, peeling, dryness, rashes and acne.

You can take care of these problems yourself by using these tips:

- To avoid dryness, take quick, warm showers rather than long hot baths.
- Apply creams and lotions after bathing, while your skin is still moist.
- Do not use perfume, cologne or aftershave lotion. The alcohol in these products will dry your skin.
- For itching, try cornstarch.

Most skin problems are not serious, but a few need to be taken care of right away.

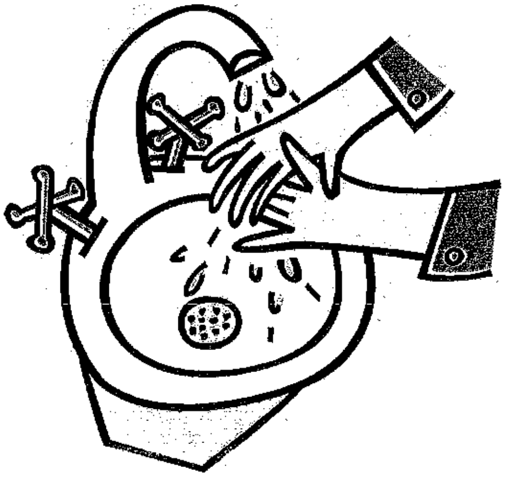
Call the nurse or the physician if the patient:

- Is having pain, burning or swelling of the skin
- Breaks out in a rash or hives
- Develops wheezing or any other trouble breathing

Some chemo drugs will make your skin more sensitive to the sun. Check with the doctor or nurse about whether or not you need to use sunscreen or avoid sunlight altogether.

Your nails may become darkened, brittle, or cracked or they may develop vertical lines or bands. Protect your nails by wearing gloves when washing dishes, gardening or doing other work around the house.

Get advice from your physician if any skin or nail problems don't respond to your efforts.



Skin Changes Associated with Radiation Therapy

External radiation therapy results in damage to the skin surrounding the radiated area. The skin in the treatment area may become more sensitive or look and feel sunburned. It is important that you take special care of this fragile skin to prevent complications.

What the patient or caregiver can do:

- Ask your nurse or doctor before using *any* lotions, soaps, deodorants, medicines, perfumes, cosmetics, powders or anything else on the treated area. Some of these products will irritate the sensitive skin.
- Do not wear tight clothes over the treatment area. Instead, wear loose, soft cotton clothing. Do not use starch on your clothes.
- Do not rub, scrub or use adhesive tape on treated skin. If your skin must be covered or bandaged, try to wrap the area with soft gauze. If tape is necessary, use a paper or other tape made for sensitive skin. Try to put the tape outside the treatment area and do not put the tape in the same place each time.
- Do not put heat or cold (such as a heating pad, lamp or ice pack) on the treatment area. Even hot water can harm the fragile skin, so use lukewarm water for cleansing the area.
- Protect the treated area from the sun. The treatment area will be extra sensitive to sunlight. If possible, cover the area with dark colored clothing before going outside.
- All of your skin may be sensitive to sunlight – not just the treatment area. Ask your doctor if you should use a lotion that contains sunscreen. If so, use a sunscreen product with a sun protection factor of at least 15 and reapply it often. Continue to give your skin extra protection from sunlight for at least one year after radiation therapy.

Notify the nurse or physician if the patient:

- Exhibits signs of infection to the treated area, such as weeping or drainage.

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Diminished Blood Counts

Cancer treatment can have a significant effect on your body's ability to produce certain types of blood cells. The most commonly affected are ***red blood cells, white blood cells*** *and* ***platelets.***

Red blood cells: These are the blood cells that carry oxygen to your body. Your physician will test your ***Hemoglobin*** percentage to measure how well your red blood cells are functioning. Most people feel well with a hemoglobin percentage as low as 10. A low hemoglobin level is called ***anemia.***

Low Hemoglobin – What to look for:

- New or worsening tiredness
- Chest pain or shortness of breath
- Pale skin, nail beds or gums
- Dizziness
- Weakness

What the patient and caregiver can do:

- Balance rest and activity
- Tell the doctor if you can not get around as well as usual
- Plan important activities when you have the most energy
- Eat a high protein diet and drink 8-10 glasses of water a day, unless your care team gives you other instructions
- Ask friends and family to assist with errands and household tasks
- Watch for confusion, faintness or dizziness

Call the nurse or physician if the patient:

- Has chest pains
- Has shortness of breath when resting
- Feels dizzy or faint
- Becomes confused or cannot concentrate
- Has not been able to get out of bed for more than 24 hours
- Has blood in stool (sign of bleeding)
- Vomits dark brown or bright red material (sign of bleeding)

If your hemoglobin percentage drops too low, your physician may order a blood transfusion, hold or decrease your chemotherapy or give you a medication that makes your body produce more red blood cells.

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White Blood Cells: These blood cells help your body fight infection. During treatment, your physician will order a ***white blood cell count*** to measure these cells. A normal white blood cell count is between 5,000 and 10,000. A significantly low white blood cell count is called **neutropenia** and indicates that you may be at high risk for infection. The lower the white blood cell count is, the higher your risk becomes.

Low White Blood Cell Count - What to look for:

- Temperature of more than 100.3 degrees, when taken by mouth
- Any new area of redness or swelling
- Pus or yellowish discharge from injury or other location
- New cough or shortness of breath
- New abdominal pain
- Shaking chills that may be followed by sweating
- Burning pain when urinating
- Sore throat
- Sores or white patches in mouth

What the patient or caregiver can do:

- Watch for signs of infection.
- Take your temp daily and notify physician of elevation of 100.3 or greater.
- Take antibiotics exactly as prescribed by physician.
- Avoid anything that can cause cuts in your skin. If you have any cuts or scrapes, wash them with soap and water daily, apply antibiotic ointment and keep them covered until healed.
- Keep your body clean by bathing daily and washing your hands often.
- Avoid crowds and don't visit with people who have infections, coughs or fevers. Encourage visitors to avoid contact with you unless they are completely well.
- Talk to your care team about eating raw fruits and vegetables. They may suggest eating only cooked fruits and vegetables until your white blood cells come up. If you eat raw foods, wash and peel them to avoid germs.
- Keep your mouth clean by brushing your teeth twice a day and flossing once. Do not floss if your care team has told you not to.
- Drink 8-10 glasses of liquid each day, if your doctor approves.

Call the nurse or the doctor if the patient:

- Has a temperature of greater than 100.3 degrees, by mouth
- Exhibits any signs of infection, such as those listed under "What to look for".

If your white blood cell count drops too much, your physician may hold treatment, give you a lower dose of chemotherapy or order a medication that makes your body produce more white blood cells.

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Platelets: These are the blood cells that help your body to develop clots. During treatment, your physician will order a *platelet count* to measure these cells. Normal clotting can still occur with a platelet count of 100,000. A low platelet count is called **thrombocytopenia** and can indicate an increased risk of bleeding. Dangerous bleeding can occur if the platelet count goes below 20,000.

Low Platelet Count – What to look for:

- Bleeding from anywhere (such as nose, mouth/gums or rectum)
- New bruises on skin
- Red rash that looks like pinpoint dots - usually starts on feet and legs
- Severe headache, dizziness or blurred vision
- Weakness that gets worse
- Unusual pain in joints or muscles
- Vomiting blood or dark material that looks like coffee grounds
- Blood in stool (bright red, dark red or black, tarry stools)
- Blood in urine (may appear red or pink in color)
- More than the usual amount of vaginal bleeding during monthly periods

What the patient or caregiver can do:

- Use only electric razor (not blade) for shaving.
- Avoid any activity that could result in injury.
- Protect your skin from cuts, scrapes and sharp objects.
- Do not put anything into the rectum, including thermometers, suppositories or enemas.
- Use a stool softener to avoid constipation and straining during a bowel movement.
- Use a soft toothbrush.
- Talk with your care team about avoiding flossing until your platelet counts improve.
- Do not blow your nose or cough with great force.
- Stay upright; keep your head level with or above your heart.
- Avoid alcohol.
- Drink plenty of fluids
- Don't take any over the counter medications without talking to your care team first. Some common medicines can weaken your platelets further.
- If bleeding starts, stay calm. Sit or lie down and get help. For nosebleeds, sit up with head tilted forward (to keep blood from dripping down back of throat). Put ice on the nose and pinch the nostrils shut for 5 minutes before releasing. Ice on the back of the neck may also help. For bleeding from other areas, press on the bleeding area with a clean, dry cloth until bleeding stops.

Call the nurse or physician if the patient:

- Exhibits bleeding or any of the symptoms listed in the "What to look for" section.
- Has trouble speaking or moving

Your physician will check your platelet count often during your treatment. If it falls too low, your physician may order a platelet transfusion, hold or decrease your chemotherapy or give you a medication that will stimulate your body to produce more platelets.

Nerve and Muscle Problems

Certain chemo drugs can cause ***peripheral neuropathy***, a nerve problem that causes tingling, pins and needles, burning sensations, weakness and/or numbness in your hands. Along with nerve effects, certain chemo drugs can affect the muscles and make them weak, tired or sore.

While these effects are frustrating, in most cases they are not serious. They are usually short term and will get better after treatment is complete. Still, it is important to tell your doctor or nurse about your symptoms right away. They can get worse and become quite painful if left untreated. Your doctor may want to stop the chemo for a while or offer you treatment to ease your symptoms.

What to look for:

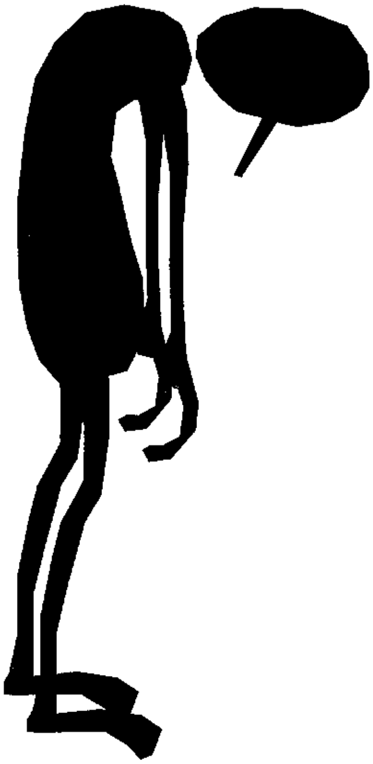
- Loss of balance
- Clumsiness
- Trouble picking up things and buttoning clothing
- Problems walking
- Jaw pain
- Hearing loss
- Vision changes
- Stomach pain
- Constipation

What the patient or caregiver can do:

- If your fingers become numb, for example, be very careful when handling objects that are sharp, hot or otherwise dangerous.
- If your sense of balance if affected, move carefully. Use handrails on stairs and a bath mat in the tub or shower.

Notify the nurse or the physician if the patient:

- Exhibits any of the symptoms listed in the "What to look for" section.



Anxiety, Fear and Depression

Anxiety (a feeling of worry or unease) and fear are common feelings that patients and their caregivers may experience when coping with cancer. These feelings are normal responses and may be more noticeable around the time the cancer is first diagnosed.

Sometimes, a person with cancer may become overly anxious, fearful or even clinically depressed. They may feel like they can no longer cope with their day to day life. In situations such as this, treatment is necessary.

Anxiety, Fear and Depression – What to look for:

- Feeling anxious, nervous, agitated, irritable or restless
- Trouble thinking or solving problems
- Concerns about “losing control”
- An uneasy feeling that something bad is going to happen
- Trembling, shaking
- Being tense, cranky or angry with others
- Headaches
- Tiredness or fatigue
- Trouble sleeping or restless sleep
- Loss of interest or pleasure in activities once enjoyed
- Sad or “empty” mood
- Feelings of guilt, worthlessness or helplessness

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What the patient or caregiver can do:

- Talk about feelings or fears that your or family members have – it's OK to feel sad and frustrated.
- Cut down on caffeine. It can worsen anxiety feelings.
- Talk with your doctor or nurse about the possible use of medicine for anxiety or depression.
- Use prayer, meditation or other types of spiritual support.
- Seek help through counseling or support groups.

Call the doctor or nurse if the patient:

- Has trouble breathing
- Is sweating, with a fast or pounding heartbeat
- Is feeling very restless

Note that some medications or supplements can cause or worsen anxiety symptoms. If anxiety gets worse after a new medication is started, talk with your doctor about it.

Confusion

When the thought process is disturbed, or when a person has trouble thinking and acting like they normally do, they may be confused. There can be many causes of confusion, including:

- Low blood sugar
- Infection
- High fever
- Tumor spread into the brain
- Lack of oxygen to the brain
- Cancer in the fluid surrounding the brain
- Too much calcium in the blood
- Intense pain
- Too much pain medication

Confusion can start or get worse when the patient goes to a new place. It may also worsen at night. Usually, the cause of the confusion can and should be treated. If a patient exhibits signs of confusion, notify the doctor or nurse immediately.

Confusion - What to look for:

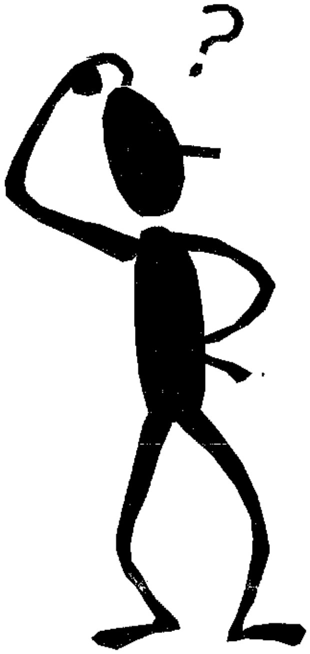
- Sudden change in the ability to speak, especially long pauses or slurred words
- Trouble staying alert or paying attention
- Patient needs help with tasks, such as bathing and dressing, that they were able to manage alone before
- Cloudy, disorganized thinking or the patient being unsure where they are
- Sudden changes in emotion; for instance, quick shifts from happy to irritated
- Forgetting what they are doing

What the patient or caregiver can do:

- Call the physician right away if you notice signs of confusion.
- Ensure that someone stays with the patient to keep them safe.
- Attend physician visits with the patient so you can describe problems and remember the doctor's instructions for them.
- When you are talking to a confused patient, talk slowly and use short sentences, remove distractions such as the TV or radio and stand within a few feet of them.
- Remind the confused patient of the date, time and where they are. Keep a calendar and clock where they can see them.
- The patient may forget to eat and drink. Be mindful of their food/liquid intake and provide reminders, if needed.
- Assume the role of medication administration if the patient is confused. Keep medications out of their reach or within a locked box.

Call the doctor or nurse if the patient:

- Becomes confused suddenly or if confusion worsens
- Becomes violent
- Hurts themselves in some way



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Pain Management

Pain is often associated with cancer. It may occur as a result of cancer growth, diagnostic procedures or side effects from the treatments you receive. Whatever the reason, it is important that your pain be managed effectively.

Uncontrolled pain results in:

- Further weakening of the body
- Failure to follow through with scheduled treatments
- Impaired healing response
- Decreased ability to be productive or enjoy usual activities
- Psychological tolls such as depression and anxiety, which in turn can lower one's tolerance for pain or make the pain feel even worse

Types of pain management:

- Drug therapy – One of the most effective methods. It brings significant relief in most cases.
- Alternate methods – Nerve blocks, nervous system surgery, acupuncture, massage, heat/cold application, exercise or immobilization, relaxation, biofeedback.

Myths and Misconceptions that block effective pain management:

- *"I will become addicted."* The reality: Drug addiction in cancer patients is rare and almost never occurs in people who do not have a history of addiction prior to illness.
- *"Pain is an inevitable consequence of cancer."* The reality: Most cancer pain can be relieved safely and effectively.
- *"I should be able to tolerate the pain."* The reality: Pain makes your body weak. Not only can it weaken your body, it can also weaken your spirit.
- *"My doctor won't understand my pain."* The reality: You have a right to effective pain control. If you are not getting it, you may need to seek further assistance.
- *"If I complain, I'm not being a good patient."* The reality: Understanding how bad your pain is helps your healthcare team to treat it effectively.
- *"Pain means that my cancer is getting worse."* The reality: Pain can occur at any time and for a number of reasons. It can even occur for patients whose condition is stable and whose life expectancy is long.
- *"If my doctor focuses on my pain control, it will distract from treating my cancer."* The reality: Chronic unrelieved pain may cause patients to reject their treatment programs. Working on managing your pain effectively will actually improve your quality of life.

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Managing Cancer Pain – Things you should know:

- Take pain medication on a regular schedule. Regular use will help prevent the pain before it starts or gets worse.
- Return of the pain is not the best reminder to take pain medication.
- If pain begins, do not wait for it to get worse before doing something about it.

Common Side Effects of Pain Medications:

- Drowsiness
- Constipation
- Nausea
- Vomiting

If you are experiencing side effects from your pain medications, notify your healthcare team. They can usually be treated successfully.

IV Access / Central Line Catheters

Many chemotherapy medications are hard on a patient's veins. If your treatment includes one of these harsh medicines, your physician may choose to insert a central line catheter into your arm or chest area. Doing so will provide you with a safe, effective and long term IV access device.

There are several devices for your physician to choose from. Some are implanted beneath your skin and accessed with a special needle. Others are small tubes that extend outside your body for a few inches. The type of device you receive will be determined by your physician.

Sometimes, patients and caregivers will need to take an active role in the management of these devices. Your role is determined by the type of device you have and what kind of treatment you will receive. What ever the case may be, you can rest assured that you will be provided with in-depth instruction regarding the specific catheter you have and your role in its care.

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