

SWAG Cancer Alliance GP Treatment

Summary: Lung Palliative

Radiotherapy

National Cancer Survivorship Initiative (NCSI) - Working in Partnership



Department of Health



Name	Born	Gender	Hospital No	NHS No
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Diagnosis:	Information will already be in place		
Date of Diagnosis:			
Organ/Staging:			
Treatment Aim:	Drop Down Options: Symptom Control/Palliative/End of life	Indicate from drop down treatment plan	
Treatment Aim Comments:			
This treatment summary relates to the end of radiotherapy only and may change with subsequent consultation and if so you will be advised by the consultant or lung clinical nurse specialist			
Local/Distant	Insert relevant sites		
Summary of treatment and relevant dates	State what radiotherapy has been given including dates and for how long if information not already in place		

Comments:
Add in patient specific information around side-effects experienced from radiotherapy
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>Possible treatment consequences and/or late effects:</p> <p>Acute Effects (During or shortly after radiotherapy)</p> <ul style="list-style-type: none"> Fatigue – rest when needed. Gentle exercise is advisable Breathlessness / Pneumonitis (see Alert Symptoms below) Cough, with or without haemoptysis – simple linctus can be helpful Temporary flare-up of chest pain Difficulty swallowing / Painful swallowing – analgesia and having a soft diet Skin irritation – emollient cream or use 1% hydrocortisone cream (if skin itchy but intact) <p>Late effects</p> <ul style="list-style-type: none"> Lasting fatigue Respiratory capacity may be reduced resulting in permanent breathlessness Oesophageal stenosis Angina
Alert symptoms that require referral back to specialist team
<p>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</p> <ul style="list-style-type: none"> Radiation Pneumonitis - can occur 4-12 weeks post radiotherapy and mimics the signs and symptoms of a chest infection. No response to antibiotics, responsive to steroids. Can be fatal - refer to Acute Oncology or Respiratory Hot Clinic (amend as per local service) Persistent pain which is uncontrolled with simple analgesia – consider increased analgesia following the analgesic ladder and refer to Oncology Team for further advice and management Frequent episodes of haemoptysis / difficulty breathing / signs and symptoms of pulmonary embolus – refer to Acute Oncology or admit via acute medicine (amend as per local service) Difficulty on swallow / sudden weight loss of over 10% body weight - refer to Oncologist for further advice and management Signs / symptoms of metastatic spinal cord compression - MSCC Co-Ordinator: Oncology On Call Registrar (provide details)

Secondary Ongoing Management Plan (Tests Appointments etc.)

Patient has a follow up arranged with their oncologist, Doctor **insert details and appointment date (4-6 weeks following radiotherapy)**

Indicate if referral to palliative care has been made in this space

Advise entry onto primary care palliative or supportive care register	Drop Down Options:	Indicate Yes/No
DS1500 application completed	Drop Down Options:	Indicate Yes/No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/No
Contacts for re-referrals or queries: In Hours/Out of hours	In Hours Radiotherapy Aftercare Service (provide number) Out of hours: Acute Oncology Service 24 hour advice line (provide number) Lung Clinical Nurse Specialists (provide number)	

Referrals made to other services:			Tick relevant boxes or advise secretary which boxes to tick
AHP	Menopause/Endocrine support	Sexual dysfunction therapist	
Benefits/Advice Service	Occupational Therapist	Social Worker	
Bowel or bladder Incontinence service	Other	Speech and language therapist	
Clinical Nurse Specialist	Physical activity	Stoma service	
Complementary Therapist	Physiotherapy	Support Group	
Dietitian	Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review

None required

Summary of information given to the patient about their cancer and future progress:

The following will be inserted UNLESS YOU STATE OTHERWISE:

..... is aware of all the details regarding his/ her lung cancer as documented in the information above. He/ she understands that the cancer is incurable and that all treatments have been given with the aim of prolonging survival and controlling symptoms. He/ she understands that if they have any symptoms of concern they should contact the lung clinical nurse specialists who will advise on an appropriate course of action.

Additional information relating to lifestyle and support needs:

There are many services available to support patients and the lung clinical nurse specialists and our Macmillan Support Worker(s) are very happy to discuss any concerns or help with referrals

Insert relevant local information about Cancer Information & Support centres, hospice support, exercise schemes, fatigue management services, support groups etc.