

SWAG Cancer Alliance GP Treatment Summary: Post Head & Neck Chemo/ Radiotherapy Treatment

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: Curative/ Symptom Control / Palliative /End of Life	Indicate from drop down treatment plan	
Treatment Aim Comments:			
This treatment summary relates to the completion of combined radiotherapy and chemotherapy treatment only. It may change with subsequent consultations and if so you will be notified by the consultant or Head & Neck clinical nurse specialist.			
Local/Distant	State which site if appropriate		
Summary of treatment and relevant dates	State what chemotherapy & radiotherapy has been given including dates and for how long if information not already in place		

Comments:
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>Short term treatment effects:</p> <ul style="list-style-type: none"> • Skin may become red, itchy, sore and may break down towards the end of treatment – aqueous cream may be used as a moisturiser; hydrogel dressings and antibiotics may be necessary if the skin is broken • Mucosal surfaces may become sore, dry and ulcerated. Candida infection is common • Taste may be disturbed and good mouth care is essential – mild and frequent mouthwashes can help • Pain on swallowing – can be relieved by soluble paracetamol analgesics such as paracetamol, codeine and ibuprofen. Stronger analgesics such as oramorph can be required for short term use. • Dysphagia – texture modified diet, and in some cases gastrostomy (tube) feeding may be in use to support intake and/or reduce risk of aspiration • Saliva may become thick and difficult to expectorate – saline nebulisers may be helpful • If the larynx was treated the voice may become hoarse or husky but these changes are usually temporary • Hair loss in the treated area occurs after 2-3 weeks but usually grows back within 2-3 months. Occasionally can be permanent • Fatigue • Depression & anxiety <p>Longer term effects:</p> <ul style="list-style-type: none"> • Dry mouth can last for several months and may be permanent – an artificial saliva spray may be useful
Alert symptoms that require referral back to specialist team
<p>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</p> <p>Radiotherapy/ chemotherapy sepsis – high grade temperature, chest infection, severe weight loss/ dehydration – contact acute oncology team (24 hour availability)</p> <p>Wound breakdown/ uncontrolled mucositis/ general enquiries to contact CNS team</p> <p>Advice regarding speech and/ or swallowing: to contact speech and language therapy team</p> <p>Significant weight loss, dietary advice or feeding tube issues: to contact dietetic team</p>

REFER TO THE [ONCOLOGY/ HAEMATOLOGY PRIMARY CARE RISK ASSESSMENT TOOL](#) FOR GUIDANCE

Secondary Ongoing Management Plan (Tests Appointments etc.)

The patient's next clinic appointment is due on (insert date). The patient will be followed up every 4-6 weeks by the Macmillan Support Team (CNS, Speech Therapist, Dietitian) to review and manage post treatment symptoms. A separate letter will be sent out after each appointment if any changes to care/ treatment

The patient will be reviewed by the Oncology medical team 4-6 weeks post treatment and then plan for MRI and/ or PET scan 3 months post treatment to assess treatment response. Patient will then be referred back to the surgical team for routine follow-up.

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	<p>In Hours: Head & Neck Clinical Nurse Specialists or Radiotherapy Aftercare Service (provide numbers) Out of hours: Acute oncology (provide number)</p> <p>For out of area patients please give details of relevant Clinical Nurse Specialists: RUH CNS team 01225 825684 Yeovil CNS team 01935 384790 Taunton CNS team 01823 344111</p> <p>Speech & language therapy team (provide number) Dietetic team (provide number)</p> <p>Palliative care: St Peter's Hospice 24 hour advice line - 0117 915943 Weston Hospicecare - 01943 432900 Dorothy House Hospice 24 hour advice line - 01225 722999 St Margaret's Hospice 24 hour advice line - 0845 070 8910</p>	

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	Restorative Dentistry/ Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review (e.g. ongoing medication, osteoporosis and cardiac screening):

State the following AS APPROPRIATE:

Review current medications post treatment to ensure it still remains effective

Monitor neck and oral cavity for signs of wound breakdown/ uncontrolled mucositis/ oral thrush

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

The following will be inserted UNLESS YOU STATE OTHERWISE:

..... has been fully informed of their treatment and possible side effects, and has been given the relevant contact numbers for the Macmillan Support Team/ Head & neck clinical nurse specialists (amend as required) and the acute oncology service. He/ she is aware of follow-up plans and future monitoring.
After treatment patients will receive information regarding a Holistic Needs Appointment and a date to attend a Health and Well-being Event.

Additional information relating to lifestyle and support needs:

We have explained the importance of a healthy lifestyle after cancer treatment encouraging a healthy weight, well balanced diet, minimal alcohol, regular exercise and smoking cessation.
There are many services available to support patients in their recovery and the Head and Neck 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, exercise schemes, self-management programmes, fatigue management services, support groups etc.

Indicate if referral has been made to smoking cessation team and/ or drug and alcohol team