

# Chemotherapy Patient Guide





## Table of Contents

Cancer Resource Center Services & Support	3
Your Chemotherapy Treatment	4
Cytotoxic Precautions	5
Managing Chemotherapy Side Effects	6
Nausea and Vomiting	6
Diarrhea	7
Constipation	8
Mouth and Throat Changes	8
Low Blood Cell Counts	9
Anemia	9
Neutropenia	10
Thrombocytopenia (Low Platelet Count)	11
Alopecia (Hair Loss)	11
Skin and Nail Change	12
Nerve Changes	12
Fatigue	13
Sexual and Fertility Changes	13
Advance Directives	14
Communication with Your Healthcare Team	15



## Cancer Resource Center Services and Support

Being diagnosed with cancer can be overwhelming. With everything that's on your mind, it can be difficult to absorb the information you're receiving from your doctors, keep track of what's next, and understand what to expect on your treatment journey.

We encourage you to reach out to the Community Memorial Cancer Resource Center to speak to the oncology nurse navigator and social worker. Cancer patients and their caregivers are eligible for free services including:

- Education about your specific diagnosis and treatment options
- Help understanding the role of each member of your healthcare team
- Support preparing for doctor's appointments
- Support groups
- Assistance with financial and caregiver resources
- Help navigating healthcare directives, the Five Wishes, and POLST forms
- Information on applying for appropriate insurance programs
- Referral to other services such as nutritionists, physical therapy, rehabilitative care and rehab, and community resources



## Your Chemotherapy Treatment

Chemotherapy, or “chemo”, is a cancer treatment that uses drugs to destroy cancer cells.

Chemotherapy is used to:

- Destroy cancer cells
- Stop cancer cells from spreading
- Slow the growth of cancer cells

Chemotherapy can be given alone or with other treatments. In some cases, it helps other treatments work better. For example, you may receive chemotherapy before or after surgery or radiation therapy. Today, there are many different kinds of chemotherapy.

Chemotherapy is administered in the following ways:

- Intravenously (IV) in your arm or through a central line, such as a port-a-cath
- An injection into your muscle or other part of your body

- A pill or liquid that you swallow
- A cream that is rubbed on your skin

### Chemotherapy Scheduling

You may get chemotherapy treatment every day, every week, or every month. Your treatment schedule and your infusion time may vary depending on what chemotherapy drugs your physician orders. The nursing staff will review your chemotherapy regimen and side effects with you.

### What to Expect During Your Infusion

At the time of your first treatment, your nurse will review the drugs ordered by your doctor and discuss common side effects. We recommend bringing any prescriptions given to you by your oncologist and a list of your current medications for your nurse to review.



---

## Cytotoxic Precautions

Chemotherapy medications are cytotoxic (harmful to body cells) and carcinogenic (cancer-causing) and may cause a variety of symptoms and birth defects. Pregnant or lactating people should not handle chemotherapy medications or any cytotoxic bodily fluids or soiled linens.

Cytotoxic drugs, including oral medications, can be present in bodily fluids for 5-7 days post-treatment. Bodily fluids considered cytotoxic include urine, stool, vomit, heavy sweat, saliva, and sputum. Drainage from wounds or surgical drains are also considered cytotoxic.

### How to handle cytotoxic medications at home:

- Wear disposable gloves when handling oral medications
- Do not crush, split, open capsules, or manipulate medications in any way
- Store oral chemotherapy separate from other medications, not in a daily pill box
- If you have trouble swallowing oral medications, notify your doctor or nurse
- Wash hands thoroughly with soap and water after handling medications

### How to handle cytotoxic bodily fluids at home:

- Wear gloves when handling cytotoxic bodily fluids, contaminated linens, and clothing items
- If possible, the patient receiving chemotherapy should use a separate restroom
- If the restroom is shared, flush the toilet with the lid closed and double flush if needed. Wear gloves to clean the toilet seat with sanitizing wipes after use.
- For linens and clothing soiled with cytotoxic bodily fluids, wash separately at the warmest temperature possible. If you can't wash laundry right away, store in a double plastic bag until able to wash.
- Wash hands thoroughly with soap and water in case you have had any incidental contact with bodily fluids.



## Managing Chemotherapy Side Effects

### Nausea and Vomiting

Nausea is when you feel sick to your stomach, like you are going to throw up. Vomiting is when you throw up.

When to call your nurse or doctor:

- Your anti-nausea medications are not effective
- You are vomiting and are unable to tolerate fluids for 24 hours

### Do these things to feel better:

- Eat less greasy, fried, salty, sweet, or spicy foods
- Eat 5 or 6 small meals during the day, instead of 3 large meals
- Drink 6-8 glasses of water a day. If you find it hard to drink a full glass at one time, take small sips of water throughout the day.

### These food and drinks may be easy on your stomach:

- Clear broth, such as chicken, beef, or vegetable
- Water, tea, cranberry, or grape juice, clear soda, or ginger ale
- Oral rehydration solution drinks, such as Pedialyte or Gatorade
- Oatmeal, cream of wheat, or cream of rice cereal
- Crackers, pretzels, toast, white rice, pasta, noodles, plain boiled potatoes
- Broiled or baked chicken without the skin
- Bananas or canned fruit, such as applesauce, peaches, or pears
- Jell-o, yogurt, popsicles, or sherbet

---

## Diarrhea

Diarrhea is when you have loose or watery bowel movements.

### When to call your nurse or doctor:

- You have diarrhea and cramps for more than 1 day
- You have a fever of 100.5 F or higher
- You feel dizzy
- Your rectal area is sore or bleeding

### Do these things to feel better:

- Eat 5 or 6 small meals a day, instead of 3 large meals.
- Eat foods that are easy to digest such as bananas, applesauce, white rice, and white toast.
- Drink more liquids each day — at least 8 to 12 cups of clear liquids. This will not stop the diarrhea, but it will help replace fluids you are losing.
- Before taking any anti-diarrheal medication, please call your doctor or nurse. Their instructions may be different than the directions on the box of over the counter medications.
- Clean your rectal area with warm water and a baby wipe. Keep the area dry. Ask your doctor about creams that can help with pain.

### Foods to avoid:

- Dairy products such as milk, cheese, ice cream, or sour cream
- Spicy, greasy, or fried foods
- Foods that cause gas such as beans, broccoli, or cabbage
- Foods high in fiber, such as whole wheat breads, granola, or bran cereals
- Raw fruits or vegetables (most canned fruits and vegetables are okay)
- Beer, wine, or any other alcoholic drinks
- Caffeinated drinks such as coffee, black tea, or soda



## Constipation

Constipation is having bowel movements that come less often than normal for you, are painful, or are hard to pass.

### Do these things to feel better and avoid constipation:

- Eat high fiber foods.
- Drink at least 8 cups of liquid every day. Water, fruit juice, and vegetable juices are good choices.
- Warm liquids such as coffee or tea may help.
- Try to be active each day. Walk or ride an exercise bike for 15 - 30 minutes a day.
- If you are still having constipation, discuss medications for prevention and treatment with your nurse or doctor.

### These foods may help if you are constipated:

- Whole grain breads and grains such as bran muffins, bran or whole grain cereals, brown or wild rice, cooked dried peas and beans, whole wheat bread, whole wheat pasta and tortillas, nuts, seeds, and popcorn
- Dried fruit such as apricots, dates, prunes, and raisins
- Fresh fruit such as apples, blueberries, and grapes
- Raw or cooked vegetables such as broccoli, corn, green beans, peas, and spinach
- Snacks such as granola, nuts, popcorn, and sunflower seeds

## Mouth and Throat Changes

Chemotherapy can cause changes in taste or smell, dry mouth, and/or pain when you eat hot or cold foods.

### When to call your nurse or doctor:

- You're experiencing trouble eating or swallowing
- You develop white spots in your mouth or on your tongue
- You develop sores on your lips or in your mouth
- You experience pain in your mouth or throat

### Do these things to feel better:

- Use a soft toothbrush to brush your teeth and tongue after each meal and before you go to bed.
- Use toothpaste that has fluoride and baking soda in it.
- Rinse your mouth with a baking soda, salt, and water mixture every 3 hours during the day. Mix together 1 cup warm water,  $\frac{1}{4}$  teaspoon baking soda, and  $\frac{1}{8}$  teaspoon salt. Rinse with the mixture and spit it out.
- Keep your mouth and lips moist. Use a lip balm, sip water or ice chips, and try drinking through a straw.
- Eat soft bland foods, such as cooked cereals, mashed potatoes, or scrambled eggs. Try softening foods with gravy, sauce, or other liquids.
- Let hot food cool down before eating.



---

## Low Blood Cell Counts

Chemotherapy may lead to low blood cell counts, possibly causing a variety of symptoms. These symptoms depend on the type of low blood cell count. A complete blood count (CBC) is a blood test used to check your blood counts.

### Anemia (low hemoglobin/hematocrit)

Anemia is when your body doesn't have enough red blood cells. This can also be called low hemoglobin or low hematocrit. Having anemia can make you feel very tired or weak, or cause you to experience headaches, dizziness, or shortness of breath. Your nurse or doctor will order blood tests. If you have anemia, you may need medication or You blood transfusion.

#### When to call your nurse or doctor:

- You feel dizzy or faint
- You are short of breath
- You feel very weak or tired
- Your heart is beating very fast, or you have chest pain

#### Do these things to feel better:

- Save your energy. Choose the most important things to do each day.
- Ask for help. When family or friends offer to help, let them. They can take you to the doctor, buy groceries, or make meals.
- Balance activity with rest. Take short naps during the day. Short naps of less than 1 hour are best. Too much bed rest can make you feel weak.
- Sleep at least 8 hours every night.
- Eat and drink well. You may need to eat foods with iron, such as red meat, leafy greens, and cooked dried beans. Drink at least 8 cups of liquid every day.



## Neutropenia (low white blood cell count)

Neutropenia is a decrease in the number of white blood cells called neutrophils. White blood cells fight infection, so having a low white blood cell count can make you vulnerable. Once you start treatment, it is important to be aware of measures you can take to prevent infections.

### When to call your nurse or doctor:

- You have a fever of 100.5°F or higher
- You have shaking chills
- You have a headache or stiff/sore neck
- You experience new or unexplained pain
- Your urine is bloody or cloudy, or you experience pain/burning when you urinate
- You develop sores or a white coating in your mouth or on your tongue
- You experience swelling or redness anywhere, especially around medical devices

### Do these things to protect yourself:

- Wash your hands well with soap and water before you cook or eat, after you use the restroom, and after being in public places. Have people around you wash their hands frequently as well.
- Brush your teeth with a soft toothbrush after meals and before you go to bed.
- Try to stay away from germs. Avoid large crowds and people who are sick.
- Wash raw fruits and vegetables and wash your hands well after handling raw meat.
- Have someone else clean up after your pets, or wear gloves when doing so yourself.
- Clean yourself well and gently after going to the restroom. Let your nurse know if your rectal area is sore or bleeding.
- Don't squeeze pimples.
- Don't use rectal suppositories or enemas or take your temperature rectally.

---

## Thrombocytopenia (low platelet count)

Platelets help blood to clot to prevent bleeding. When you have a low platelet count, tiny drops of blood can leak through the blood vessels, causing red or purple dots on the skin called petechiae. Having a low platelet count can make you vulnerable to bruising and bleeding.

### When to call your nurse or doctor:

- You experience bleeding that will not stop after 5 minutes. Check nose, gums, and rectum for bleeding.
- You have bleeding that happens on its own without injury, like a nosebleed.
- You fall or experience trauma or injury.
- You feel dizzy or lightheaded, have difficulty seeing, or have double vision.
- You experience new or unexplained pain.

### Do these things to decrease risk of bleeding:

- Do not take any medication that may interfere with the platelets ability to clot, such as aspirin, ibuprofen (Advil, Motrin), or naproxen (Aleve).
- Do not use rectal suppositories or enemas or take your temperature rectally.
- Use a very soft bristled toothbrush and avoid flossing your teeth.
- If your gums bleed, rinse with cold water. If the bleeding doesn't stop, call your doctor.
- Avoid activities that increase risk of bleeding/bruising such as contact sports, strenuous exercise, or amusement park rides.
- Avoid or limit use of sharp objects such as knives or razors. Electric razors are ok to use.
- Hold pressure on any cut or scrape for at least 5 minutes. If bleeding doesn't stop, call your doctor.

## Alopecia (Hair Loss)

Chemotherapy can harm the cells that make hair, causing alopecia or hair loss. Hair on your head and anywhere on your body may fall out 2 - 3 weeks after chemotherapy begins.

### Before your hair falls out:

- Treat your hair gently. Wash it with a mild shampoo and pat it dry with a soft towel. Avoid heated appliances such as blow dryers or curling irons.
- Some people choose to cut their hair short or shave their head. If you shave your head, use an electric shaver so you won't cut your scalp.
- If you plan to buy a wig or hairpiece, consider getting one while you still have hair so that you can color match.

### After your hair falls out:

- Protect your head from the sun by using sunscreen or wearing a hat.
- Protect your head from the cold by wearing a hat or scarf.
- Try wearing a soft scarf while you sleep.
- Most likely, your hair will start to grow back 1 month after you have completed chemotherapy. Sometimes your new hair can be curlier, straighter, or a different color. In time, it may go back to how it was before treatment.



## Skin and Nail Changes

Chemotherapy can cause changes to your skin.

### When to call your nurse or doctor:

- You develop sudden or severe itching
- You develop a skin rash or hives

### Do these things to feel better:

- Use gentle soaps and lotions
- Protect your skin from the sun with sunscreen, lip balm, and protective clothing such as long sleeve shirts, pants, and a hat with a wide brim
- Do not use tanning beds
- Keep your nails clean and cut short. Check with your nurse or doctor before getting a salon manicure.

## Nerve Changes

Chemotherapy can cause nerve problems. You may experience numbness, tingling, or a burning feeling in different parts of your body. These feelings often begin in your hands or feet and are called peripheral neuropathy.

### When to call your nurse or doctor:

- You develop pain, tingling, burning, or weakness in your hands or feet, or have pain when you walk
- You experience movement problems, such as losing your balance or falling
- You experience shaking, trembling, or numbness in your hands or feet
- You have trouble holding or picking things up
- You have trouble hearing



---

## Fatigue

Chemotherapy can make you tired. So can other conditions like anemia, pain, depression, insomnia, or side effects from other medications.

### Do these things to feel better:

- Do the activities that are most important first
- Ask others for help
- Take time off from your job, or work fewer hours
- Eat and drink well
- Be as active as you can
- Take time to rest
- Make a bedtime routine to help you relax

## Sexual and Fertility Changes

Talk with your doctor before treatment starts to learn more about the sexual or fertility changes you may experience. These changes will depend on the type of cancer you have and the type of chemotherapy you are receiving. Your age and other health issues may also be factors in these changes.

### Potential sexual problems:

- You may feel too tired or stressed to be interested in sex
- You may experience difficulty keeping an erection or having an orgasm
- You may experience vaginal dryness or itchiness, hot flashes, or irregular or absent periods
- You may develop infections of the vagina or bladder

### Do these things to protect yourself and your sexual partner:

- Always wear a condom because some chemotherapy may be in your semen
- If you have not gone through menopause, use birth control
- Avoid pregnancy during treatment because it can harm the fetus



## Advance Directives

Advance directives are written instructions regarding your medical care preferences. Your family and doctors will consult your advance directives if you're unable to make your own health care decisions. Having written instructions can help reduce confusion or disagreement.

Living wills and other advance directives describe your preferences regarding end-of-life care and treatment in the case of a serious accident or illness. These legal documents speak for you when you're unable to speak for yourself. Because unexpected situations can happen at any age, all adults need advance directives.

Choosing a person to act as your health care agent is possibly the most important part of your planning. You need to trust that this person has your interests at heart, understands your wishes, and will act accordingly. They should also be mature, levelheaded, and comfortable with candid conversations. Don't pick someone out of feelings of guilt or obligation. Your health care agent doesn't necessarily have to be a family member. You may want your health care decision maker to be different from the person you choose to handle your financial matters. It may be helpful, but it's not necessary, if the person lives in the same city or state as you do.

*Advance directives include:*

### Living will

This written, legal document spells out the types of medical treatments and life-sustaining measures you want and don't want, such as mechanical breathing (intubation and ventilation), tube feeding, or resuscitation.

A living will can't cover every possible situation. Therefore, you might also want a medical power of attorney (POA) to designate someone to be your health care agent. In some states, living wills may be called health declarations or health care directives.

### Medical or health care power of attorney (POA)

The medical POA is a legal document that designates an individual – referred to as your health care agent or proxy – to make medical decisions for you in the event that you're unable to do so. This person will be guided by your living will but has the authority to interpret your wishes in situations that aren't described in your living will. A medical POA also might be a good idea if your family is opposed to or divided about some of your wishes.

**NOTE:** The medical POA is different from a power of attorney authorizing someone to make financial transactions for you.

### Do Not Resuscitate (DNR) order

This is a request to not have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. Advance directives do not have to include a DNR order, and you don't have to have an advance directive to have a DNR order. Your doctor can put a DNR order in your medical chart.

### Physicians Orders for Life Sustaining Treatment (POLST)

This is a form that gives seriously ill patients more control over their end-of-life care, including medical treatment, extraordinary measures (such as ventilator or feeding tube), and CPR. Printed on bright pink paper, and signed by both a doctor and the patient, the POLST can prevent unwanted or ineffective treatments, reduce patient and family suffering, and ensure that a patient's wishes are honored. The POLST complements an Advance Directive and is not intended to replace the document.



## Communication with Your Healthcare Team

Your nurses, doctors, family members, and friends are all part of your healthcare team. We are dedicated to helping you throughout your chemotherapy treatment. We are happy to provide additional education and resources along the way.

We are here to support you on your treatment journey! Please let us know if you have any questions or concerns.



147 North Brent Street, Ventura  
805-948-5011  
mycmh.org

Connect with us      