

ONCOLOGY/HAEMATO-ONCOLOGY TRIAGE LINE

TRIAGE ASSESSMENT TOOL, VERSION 3

CAUTION! Please note patients who are receiving or have received **IMMUNE CHECK POINT INHIBITORS** may present with treatment related problems at anytime during treatment or even months to years after treatment has been completed. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

All Green = self care advice  **1 Amber = review within 24 hours**  **2 or more amber = escalate to red**  **Red = arrange for a face to face assessment as soon as possible**

Patients may present with problems other than those listed below, these would be captured as "other" on the log sheet checklist. Practitioners are advised to refer to the latest version of NCI-CTCAE common toxicity criteria to assess the severity of the problem and seek further clinical advice regarding management.

Toxicity/Symptom ▼	Grade ➔	0	1	2	3	4
1. Shortness of breath Is there any chest pain or tightness? - If yes refer to chest pain. Is this a new symptom? How long for? Is it getting worse? Do you have a cough? How long for? Is it productive? If yes, what colour is your phlegm/spit? Consider: SVCO/Anaemia/Pulmonary embolism/Pneumonitis/Infection.		None or no change from normal.	New onset shortness of breath with moderate exertion.	New onset shortness of breath with minimal exertion.	Shortness of breath at rest.	Life threatening symptoms. Advise 999 - Urgent assessment in ED.
2. Chest pain STOP oral and intravenous Systemic Anti-Cancer Treatment (SACT) until reviewed by oncology or haematology team.		None.	Advise URGENT ED for medical assessment- 999. NB if infusional SACT in place arrange for disconnection.			
3. Bleeding/Bruising Are you actively bleeding? Site of active bleeding? Injury, trauma related or spontaneous? Is the bleeding spraying, pouring or enough to make a puddle? Are you taking anticoagulants? Have you any new bruises? Localised or generalised? Related to any trauma? NB For Haematology patients please follow local policy.		None or no change from normal.	Mild, self limited controlled by conservative measures. Consider arranging a full blood count. Localised - single bruise in only one area.	Bleeding that is not self limiting and/or multiple sites of bruising or one large site. Advise 999 - Urgent assessment in ED.		
4. Consciousness/Cognitive disturbance Establish the patients level of consciousness. This may indicate the need for urgent action. Consider: Immune effector cell-associated neurotoxicity syndrome (ICANS).		None or no change from normal.	Mild disorientation not interfering with activities of daily living. Slight decrease in level of alertness.	Moderate cognitive disability and/or disorientation limiting activities of daily living.	Severe cognitive disability and/or severe confusion; severely limiting activities of daily living. Altered level of consciousness. Advise 999 - Urgent assessment in ED.	Life threatening consequences. Loss of consciousness/unroutable. Advise 999 - Urgent assessment in ED.
5. Fever on SACT Within the last 6-8 weeks or immunocompromised. What time was temp last taken? Have you taken any antipyretic medication?		Normal 36.0 - 37.4 C.	IF TEMPERATURE 37.5°C OR ABOVE OR BELOW 36.0°C OR GENERALLY UNWELL - URGENT ASSESSMENT AND CLINICAL REVIEW - FOLLOW NEUTROPENIA PATHWAY. ALERT - patients who have taken analgesia or steroids or who may be dehydrated may not present with an abnormal temperature but may still have an infection and be at risk of sepsis - if in doubt do a count.			
6. Infection Have you taken your temperature? If so when? What is it? - if pyrexial see fever toxicity. Are there any specific symptoms, such as: pain, burning / stinging or difficulty passing urine? cough, any sputum, if so what colour? Any shivering, chills or shaking episodes? Localised signs of infection? e.g. redness, swelling, inflammation.		None.	Localised signs of infection otherwise generally well.	Signs of infection and generally unwell.	Signs of severe symptomatic infection.	Life threatening sepsis. Advise 999 - Urgent assessment in ED.
7. Fever NOT ON SACT NOT receiving Systemic Anti Cancer Treatment (SACT) and NOT at risk of immunosuppression. What time was temp last taken? Have you taken any antipyretic medication?		Normal 36.0 -37.4 C.		< 36.0°C or > 37.5°C - 38.0°C.	> 38.0°C - 40.0°C.	> 40.0°C.
8. Fatigue/Performance status Has there been a recent change in activity levels and ability to work or carry out self care? Is this a new problem? Is it getting worse? How many days? Any other associated symptoms? Do you feel exhausted?		No change from normal.	Fatigue relieved by rest; restricted in strenuous activity but ambulatory and able to carry out work of light nature.	Fatigue not relieved by rest; ambulatory and capable of self care but unable to carry out any work activities. If patient is or has been on Immune Checkpoint Inhibitors, escalate to RED.	Fatigue not relieved by rest, capable of only limited selfcare, confined to bed or chair more than 50% of waking hours.	Completely disabled. Cannot carry out any self care. Totally confined to bed or chair.
9. Ocular/Eye problems Is this a new problem? Any associated pain? Any visual disturbance? Any discharge/sticky eyes?		None or no change from normal.	Mild symptoms not interfering with function.	Moderate to severe symptoms interfering with function and/or any visual disturbance.		

10. Mucositis/Oral Are you able to eat or drink? Do you have any mouth ulcers and/or pain swallowing? If yes, How many days? Is there evidence of infection? Assess patient's urinary output and colour.	None or no change from normal.	Painless ulcers and/or erythema, mild soreness but able to eat and drink normally.	Painful ulcers and/or erythema, mild soreness but able to eat and drink normally.	Painful erythema, difficulty eating and drinking.	Significant pain, minimal intake and/or reduced urinary output.
11. Anorexia What is your appetite like? Has this recently changed? Do you feel hungry? Do you have difficulty eating or swallowing? Any recent weight loss? Any contributory factors, such as dehydration, nausea, vomiting, mucositis, diarrhoea or constipation - If yes refer to specific problem/symptom.	None or no change from normal.	Loss of appetite without alteration in eating habits.	Oral intake altered without significant weight loss or malnutrition.	Oral intake altered in association with significant weight loss/malnutrition.	Life threatening Symptoms. Advise 999 - Urgent assessment in ED.
12. Nausea How many days? What is your oral intake? Are you taking antiemetics as prescribed? Assess patient's urinary output and colour.	None.	Able to eat/drink reasonable intake.	Able to eat/drink but intake is significantly decreased.	No significant intake.	
13. Vomiting How many days? How many episodes? What is your oral intake? Is there any constipation or diarrhoea? - If yes see specific toxicity. Assess patient's urinary output and colour.	None.	1-2 episodes in 24 hours.	3-5 episodes in 24 hours.	6-10 episodes in 24 hours.	>10 episodes in 24 hours.
14. Diarrhoea How many days has this occurred for? How many times in a 24 hour period? Has there been an increase in ostomy output? How frequently are you emptying your bag? Is there any abdominal pain or discomfort? Is there any blood or mucus in the stool? Have you taken any antidiarrhoeal medication? Is there any change in urine output? Are you eating and drinking normally? Has there been any recent contact with anyone suffering with diarrhoea? Consider: Infection / Colitis / Constipation. N.B Patients receiving Immune check point inhibitors or Capecitabine should be managed according to the drug specific pathway and assessment arranged as required.	No change from normal.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in patients usual ostomy output.	Increase of up to 4-6 episodes a day or moderate increase in patients usual ostomy output or nocturnal movement or moderate cramping. If diarrhoea persists after taking regimen specific antidiarrhoeal escalate to red. → If patient is or has been on Immune check point inhibitors escalate to RED. →	Increase of up to 7-9 episodes a day or severe increase in patients usual ostomy output OR incontinence/severe cramping/ mucus/bloody diarrhoea.	Increase>10 episodes a day or grossly bloody diarrhoea.
15. Constipation How long since bowels opened? What is normal? Is there any abdominal pain and/or vomiting? Have you taken any medication? Are you passing wind? Is there any nausea? Have you taken any antidiarrhoeal medication? Assess the patients urinary output and colour.	None or no change from normal.	Mild - no bowel movement for 24 hours over pre-treatment normal.	Moderate - no bowel movement for 48 hours over pre-treatment normal.	Severe - no bowel movement for 72 hours over pre-treatment normal.	No bowel movement for >96 hours - consider paralytic ileus.
16. Urinary Is there an odour? Is there any incontinence, frequency or urgency? How long have you had the symptoms? Is there any pain or difficulty passing urine? Are you drinking normally, are you thirsty? Are you a diabetic? Have you checked your blood sugar? Has it changed from normal output? If so, How? Is it a new or worsening symptom? Do you have a catheter? Consider: Infection / Diabetes - existing or new onset.	None or no change from normal.	Mild symptoms. Minimal increase in frequency, urgency, dysuria or nocturia. Slight reduction in output.	Moderate symptoms. Moderate increase in frequency, urgency, dysuria nocturia. moderate reduction in output.	Severe symptoms. Possible obstruction/retention new incontinence, new or increasing haematuria, severe reduction in output.	Little or no urine output.
17. Skin Where is the problem? How much of the body is affected? How long have you had it? Is it getting worse? Is the area associated with a recent infusion/injection site? Are there any of the following symptoms - rash, pain, feeling generally unwell, broken or cracked skin, problems with nails, dry or itchy skin, weeping, swelling or warm to touch? Use the rule of 9's to assess the body service area affected. RULE OF 9's. Consider: Redness in white skin tones and subtle darkness, maroon/yellow/purple/grey appearance or darker than surrounding area in brown and black skin tones. Please follow local drug toxicity specific pathways.	None or no change from normal.	Rash/skin changes covering <10% of BSA with or without itching, redness, no pain	Rash/skin changes covering 10-30% BSA. Rash/skin changes limiting normal ADL's. With or without painful redness or swelling	Rash covering >30% BSA with or without associated symptoms; limiting self care activities. spontaneous bleeding or signs of associated infection, moist desquamation, ulceration, blistering and severe pain.	
18. Pain Is it a new problem? Where is it? How long have you had it? Have you taken any pain killers? Is there any swelling or redness? If pain associated with swelling or redness consider thrombosis or cellulitis. Back pain consider metastatic spinal cord compression (MSSC). Is the pain around or along an injection site? If yes, consider extravasation. Do you have a headache? consider ICANS/CRS	None or no change from normal.	Mild pain not interfering with daily activities.	Moderate pain interfering with daily activities.	Severe pain interfering with daily activities.	Severe disabling pain.
19. Neurosensory/Motor When did the problem start? Is it continuous? Is it getting worse? Is it affecting mobility/function? Any perineal or buttock numbness (saddle paresthesia)? Any constipation? Any urinary or faecal incontinence? Any visual disturbances? Is there any pain? If yes refer to specific problem/symptom. Consider: metastatic spinal cord compression, cerebral metastases or cerebral event.	None or no change from normal.	Mild paresthesia, subjective weakness. No loss of function.	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function.	Severe sensory loss, paresthesia or weakness that interferes with function.	Paralysis.