



POST-CHEMOTHERAPY INSTRUCTIONS

CARE AFTER CHEMOTHERAPY

This instruction sheet contains common problems related to chemotherapy and some ways to treat these problems.

Mouth Sores:

- Gargle with a mixture of salt and baking soda after meals and at bedtime (½ tsp table salt and ½ tsp of baking soda in a pint of water)
- If you use a purchased mouth wash, make sure it's alcohol free

Nausea/Vomiting:

- Take nausea medicine as soon as you feel queasy
- Take naps in a recliner with your head up
- Do not lie flat
- Drink eight to 10 glasses of clear fluids every day
- Sip fruit juices, flat soda or sport drinks to replace minerals and other nutrition you may be losing
- Eat six to eight meals small meals throughout the day (bland food such as baked chicken, soups, potatoes, noodles, rice and crackers are best)
- Try to include foods with a lot of water in them (such as clear soups, popsicles and Jello)

Hair Loss:

- If you plan to wear a wig, match it to your hair before chemotherapy causes hair loss
- Perms and hair color do not "take" and may cause faster hair loss
- Avoid harsh shampoos; use gentle baby shampoo
- Protect your head from the sun in the summer and the cold in the winter

Fatigue:

- Rest as needed; don't overdo
- Do your usual activities as you feel like it

Infection prevention:

- Eat only fully cooked foods (including meats and fish)

Wash your hands with soap and water:

- After being outdoors
- After going to the bathroom
- After changing a diaper
- After using the telephone
- Before handling food

Call the doctor if you have any of these symptoms:

- Fever, chills or sweats
- **Get medical help right away if your temperature is greater than 100.5°F**
- Diarrhea that does not stop within 24 hours or that is bloody
- Constipation not helped by laxatives



- Nausea/vomiting lasting more than 24 hours
- Redness, swelling or drainage from any place an IV line was put into your body
- A new skin rash or blisters
- Jaundice (the white part of your eyes or your skin looks yellow)
- Pain in your stomach area
- A very bad headache or a headache that does not go away
- A cough that is getting worse
- Trouble breathing when you are at rest or when you are doing simple tasks
- Extreme weakness
- Burning when you urinate
- Confusion or difficulty thinking
- Any other condition you are concerned about

Remember:

- Call your clinic if you need to be seen for changes in your medical condition during regular clinic hours.
- If you live far from a VA medical facility and need care quickly, go to the nearest emergency room.
- Ask the emergency room staff to call the VA Administrator on Duty and explain the situation. ***They must identify you as an oncology patient when they call.***
- On the next business day, call the Oncology Clinic and report your visit.
- Admissions to local hospitals must be approved by VA. A transfer to VA will occur if the treatment you need is available at VA.

Important Telephone Numbers:

Gulf Coast Veterans Health Care System

- 1-800-296-8872, ext. 35125
- 228-523-5000, ext. 35125

Biloxi Oncology/Hematology Clinic

- 228-523-5125
- 228-523-4342 fax

Joint Ambulatory Care Center, Pensacola JACC Oncology/Hematology Clinic

- 850-912-2345

Administrator on Duty (AOD)

- 1-800-296-8872, ext. 35342
- 228-523-5000, ext. 35342 (Biloxi)

Important Notes

- I get the following chemotherapy for my cancer treatment:
 1. _____
 2. _____
 3. _____
 4. _____
- Date of my last treatment: _____
- I get the following medications to help with symptom management:
 - ___ Neupogen
 - ___ Epogen
 - ___ Neulasta
- Date of my last injection: _____
- My cancer treatment plan is scheduled every _____ days/weeks.
- Date of my next appointment: _____

HOW CAN WE HELP?

When you have cancer, you may need some help with everyday life. We may be able to give you the help you need.

Check the box by things you need help with or people you want to see:

- Nutritionist *if you are having problems eating or with certain foods*
- Social Worker *Advance Directives*
- Chaplain
- Assistive Devices *such as a wheelchair, walker, cane or other device*
- Home Oxygen
- Other _____

Give this form to the Oncology/Hematology Clinic staff.

