

Baseline Risk Assessment for Oral Mucositis

A number of chemotherapy regimens for cancer and radiation therapy for head and neck cancers are associated with high risk of mucositis. Despite its potentially debilitating effects, mucositis is an underreported toxicity. Oncology nurses are positioned to assess patient risk for mucositis because they examine patients on a regular basis, focus on symptom management, and educate patients about their therapy.

This assessment is intended to evaluate the likelihood that a patient may develop mucositis during therapy. If patients are evaluated prior to therapy and regularly during therapy, they can be educated about prophylaxis and management, hopefully minimizing mucositis' effects and provide an opportunity for better therapeutic outcomes.

PATIENT NAME:

DATE:

NURSE COMPLETING FORM:

DO YOU CONSIDER THIS PATIENT AT RISK?:
YES ☐ NO ☐

BASELINE GRADE:

NURSE SIGNATURE:

Questions to ask patient prior to treatment

1. What do you do to take care of your mouth? _____

 - a. Do you floss? Yes ☐ No ☐
How often? _____
 - b. Do you brush? Yes ☐ No ☐
How often? _____
 - c. Do you use mouthwash or rinse?
Yes ☐ No ☐ How often? _____
 2. How often do you go to the dentist?

 - a. When was your last visit?

 3. Do you have dentures/partials? Yes ☐ No ☐
a. How well do they fit?

 4. Have you ever had sores in your mouth before? Yes ☐ No ☐

 5. Have you had mouth sores with treatment you received? Yes ☐ No ☐
a. What treatments?

 6. Do you have any mouth sores now?
Yes ☐ No ☐

 7. Do you smoke or chew tobacco?
Yes ☐ No ☐
a. Which?

 8. Do you drink alcohol? Yes ☐ No ☐
a. How often?

 9. Is your mouth dry even though you are drinking fluids? Yes ☐ No ☐

- Additional Comments:

NCI-Common Terminology Criteria for Adverse Events (CTCAE) Grading for Mucositis¹

Adverse Event	Short Name	Grade 1	Grade 2	Grade 3	Grade 4
Mucositis/stomatitis (clinical exam) Select: – Larynx – Oral cavity – Pharynx – Trachea	Mucositis (clinical exam)	Erythema of the mucosa	Patchy ulcerations or pseudo-membranes	Confluent ulcerations or pseudo-membranes; bleeding with minor trauma	Tissue necrosis; significant spontaneous bleeding; life-threatening consequences
Mucositis/stomatitis (functional/symptomatic) Select: – Larynx – Oral cavity – Pharynx – Trachea	Mucositis (functional/symptomatic)	Minimal symptoms, normal diet; minimal respiratory symptoms but not interfering with function	Symptomatic but can eat and swallow modified diet; respiratory symptoms interfering with function but not interfering with ADL	Symptomatic and unable to adequately aliment or hydrate orally; respiratory symptoms interfering with ADL	Symptoms associated with life-threatening consequences

Continued on other side.

Baseline Risk Assessment for Oral Mucositis

Continued from other side.

Instructions for patients

1. Examine mouth for changes daily or more often if you notice changes
2. Watch for:
 - a. Sores in the mouth or throat
 - b. Redness
 - c. Pain on any surface
 - d. Dryness
 - e. Changes in saliva consistency
 - f. Bleeding
 - g. Problems swallowing
 - h. Problems eating or drinking; changes in eating or drinking
 - i. Problems wearing dentures
 - j. Problems talking
3. Follow an oral care protocol^{2,3,4}
 - a. Brush all tooth surfaces for at least 90 seconds, twice daily using a soft toothbrush. Allow toothbrush to air dry before storing. Replace toothbrush as recommended by your healthcare provider (HCP).
 - b. Floss according to your regular routine or as recommended by your HCP.
 - c. **Rinse mouth at least four times a day, or as recommended by your HCP, with a bland rinse such as salt and soda (i.e., one teaspoon each of salt and soda per pint of water).** Avoid alcohol-based rinses.⁵
 - d. Avoid tobacco, alcohol, or irritating foods (acidic, hot, rough, spicy).
 - e. Use water-based moisturizers to protect lips.
4. Maintain adequate hydration:
2 liters daily (8 8oz. glasses of liquid) unless contraindicated or as directed by HCP.
5. Call the oncologist and/or triage nurse if any symptom becomes troublesome/interferes with ordinary activities of daily life (provide names and contact numbers).

Oral Mucositis Illustrated⁶



Grade 1



Grade 2



Grade 3



Grade 4

¹ National Cancer Institute (NCI) CTCAE v3.0. 2006:24.

² Harris D, Eilers J, Harriman A, et al. *CJON*. 2008;12:141-152.

³ Keefe D, et al for Mucositis Study Section of the Multinational Association of Supportive Care in Cancer and the International Society for Oral Oncology. *Cancer*. 2007;109:820-830.

⁴ National Cancer Institute (NCI). Routine Oral Care. <http://www.cancer.gov/cancertopics/pdq/supportivecare/oralcomplications/Patient/page5>

⁵ Dodd MJ, Dibble SL, MacPhail L, et al. *Oral Surg Oral Med Oral Path*. 2000;90:39-47.

⁶ Illustrations from <http://emedicine.medscape.com/article/1079570-overview> and <http://www.caphosol.com/patients/oral-mucositis/index.php>