

Care Step Pathway - Skin Toxicities

Nursing Assessment

Look:

- Does the patient appear uncomfortable?
- Does the patient appear unwell?
- Is there obvious rash?
- Suspicious skin lesion(s)?
- Dry skin (xerosis)? Is the patient scratching during the visit?
- Skin changes/new lesion(s): photosensitivity reactions, sunburn, or other cutaneous lesions suspicious for actinic keratoses, keratoacanthomas, cutaneous squamous cell carcinomas, or new melanomas?
- Is the skin becoming thicker?
- Is the subcutaneous tissue red and/or tender?

Listen:

- Rash and/or pruritus?
- Other cutaneous symptoms: (e.g., photosensitivity, skin thickening, red/painful subcutaneous tissues)?
- Are symptoms interfering with ADLs? With sleep?
- Have symptoms worsened?
- What interventions has the patient tried (if any): effective and ineffective?
- Question patient and family regarding history of skin problems in the past (e.g., sun damage, dermatitis [with prior immuno Rx], wounds, underlying skin disorders [e.g., psoriasis, eczema])
- Any exposure to new chemicals, soaps, or allergens (animals, travels)?

Recognize:

- Is there a personal or family history of dermatitis, pre-existing skin issues (psoriasis, skin cancer, wounds)?
- Is there evidence of scratching, such as abrasions?
- Is skin intact?
- Are there skin changes?
 - o Xerosis (dry skin)
 - o Changes in skin pigment or color
- Oral involvement?
- Perform comprehensive skin examination and determine grade of toxicity
- What impact have the symptoms had on QOL?
- Relevant social history (occupational, environmental, leisure-type activities)

Grading Toxicity

RASH (maculopapular rash, acneiform rash, or dermatitis)

Definition: A disorder characterized by the presence of macules (flat) and papules (elevated). Maculopapular rash frequently affects the upper trunk, spreading centripetally and associated with pruritus, whereas acneiform rash typically appears on the face, scalp, upper chest, and back.

Grade 1 (Mild)

Macules/papules covering <10% BSA with or without symptoms (e.g., pruritus, burning, tightness)

Grade 2 (Moderate)

Macules/papules covering 10-30% BSA with or without symptoms (e.g., pruritus, burning, tightness); limiting instrumental ADLs

Grade 3 (Severe)

Macules/papules covering >30% BSA with or without associated symptoms; limiting self-care ADLs; skin sloughing covering <10% BSA

Grade 4 (Potentially Life-Threatening)

Papules/pustules covering any % BSA, with or without symptoms and associated with superinfection requiring IV antibiotics; skin sloughing covering 10-30% BSA

Grade 5 (Death)

PRURITUS

Definition: A disorder characterized by an intense itching sensation.

Grade 1 (Mild)

Mild or localized; topical intervention indicated

Grade 2 (Moderate)

Intense or widespread; intermittent; skin changes from scratching (e.g., edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADLs

Grade 3 (Severe)

Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated

Grade 4 (Potentially Life-Threatening)

Grade 5 (Death)

Management

Overall Strategy:

- Introduce concept of treatment interruption and possible dose reduction when educating patients prior to initiation of therapy
- Refer for baseline skin examination before beginning therapy and closely monitor at-risk patients (every 2-3 months during therapy and up to 6 months after)
- Assess for other etiology of rash: ask patient about new medications, herbals, supplements, alternative/complementary therapies
- Encourage patients to report any skin changes promptly

Intervention (At-risk patients)

Gentle skin care:

- Avoid soap. Instead, use non-soap cleansers (mild, fragrance- & dye-free soap on the axillae, genitalia, and feet)
- Avoid hot baths
- Avoid tight clothing/shoes
- Keep fingernails short (to avoid scratching)
- Daily applications of nonsteroidal moisturizers or emollients containing humectants (urea, glycerin)
- Apply moisturizers and emollients in the direction of hair growth to minimize development of folliculitis

Advise sun protective measures:

- Use of UV-protective clothing, sunglasses, sunscreen against UVA rays or broad spectrum (UVA/UVB), avoidance of direct and indirect sunlight
- Assess patient and family understanding of prevention strategies and rationale
- Identify barriers to adherence

Grade 1 (Mild)

- Observation only
- Emollients
- Sun avoidance/sunscreen
- Possible use of topical antihistamines

Patient Counseling:

- Emollients twice daily
- Antihistamines and analgesics, if applicable
- Strict UV protection w/ SPF 30 sunscreen/eye protection
- Gentle exfoliation for follicular rash
- Treatment w/ low-potency topical steroids to be started/possible treatment interruption for persistent or worsening adverse events

Grade 2 (Moderate)

- Antihistamines and analgesics as needed
- Topical steroids and/or antipruritics (topical/oral) to be started
- Persistent or Intolerable Grade 2: targeted therapy to be held until Grade 0/1
 - Start oral steroid, taper no longer than 7 days
- Rash: consider topical antibiotic (clindamycin gel) if indicated
- Consider referral to dermatologist

Patient Counseling:

- Anticipate treatment with higher-potency topical or oral steroids
- Consider referral to dermatologist or provider trained in managing toxicities from targeted therapy

Grade 3 (Severe)

- Targeted therapy to be held until Grade 0/1; resume at a lower dose
- Oral steroid to be started, taper no longer than 7 days
- Rash: consider topical antibiotic
- Refer to dermatologist

Patient Counseling:

- Anticipatory guidance regarding hospitalization for systemic steroids and/or hydration

Grade 4 (Potentially Life-Threatening)

- Targeted therapy to be permanently discontinued
- Consider hospitalization for IV hydration, steroids, IV antibiotics, electrolyte replacement

Patient Counseling:

- Anticipatory guidance regarding treatment discontinuation or possible hospitalization for steroids and/or hydration
- Referral to dermatologist

RED FLAGS:

- Extensive rash (>50% BSA), or rapidly progressive
- Skin sloughing
- Oral involvement
- Concern for superinfection

