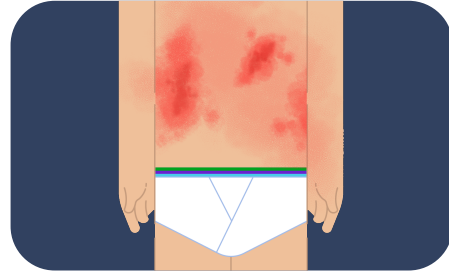


Patient presenting with a Rash



Over-the-counter conversations:

When responding to symptoms in the pharmacy, it is important to establish which medications a patient is taking. This is because:

- It could be a side effect to a medicine
- It could be a reason to stop a medicine
- It can influence the over-the-counter advice/treatments you can recommend

You may want to incorporate the following questions into your conversations:

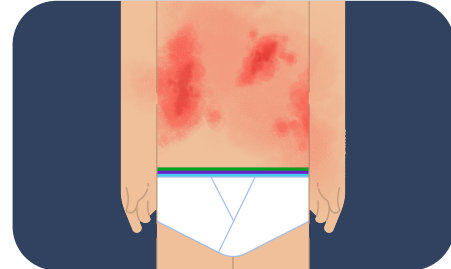
- Do you take any medicines prescribed by your GP?
- Are you on any treatment in/from the hospital?
- What condition do you have hospital treatment for?

**IF A PATIENT IS ON CANCER TREATMENT OR TREATMENT FROM THE HOSPITAL,
ALWAYS REFER TO YOUR PHARMACIST FOR FURTHER ASSESSMENT AND ADVICE.**

The full Let's Communicate Cancer course is available by clicking [here](#)

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Patient presenting with a Rash



Pharmacist Intervention:

Assess the symptom

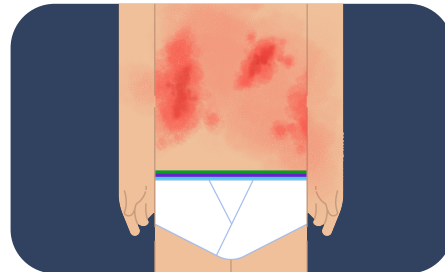
When assessing the patient's symptoms, it is important to try and address the following:

1. What type of cancer treatment they are receiving
 - Chemotherapy/Radiotherapy/Immunotherapy/Surgery
 - Route of administration - Oral/Injection/Infusion
2. Whether the symptom they are experiencing is a side effect that the hospital has made them aware of
 - Certain chemotherapy and immunotherapy agents can cause rashes. Radiotherapy can also cause skin changes
3. Has the hospital provided any advice or medicines on how to manage this side effect
 - Some oral tablets, those that act on epidermal growth factor receptors (EGFR) e.g. erlotinib and lapatinib, can cause a rash on the face and upper body; and some infusions can also cause a rash e.g. cetuximab. The rash is usually a sign the treatment is working and not an allergic reaction. For these patients, doxycycline is often prescribed as prophylaxis as part of the cancer treatment regime
 - Other oral tablets, e.g. capecitabine can cause palmer-plantar syndrome which causes dryness of the skin of the hands and feet which can cause painful, broken skin. Similar soreness can occur with targeted oral drugs including pazopanib and sunitinib. These patients may have been given an emollient cream to prevent skin from drying and causing sores
4. The outcome of following this advice or supportive medications to try and manage the side effect
 - Has the patient used any creams or supportive medications already?
Which ones?
Has there been any improvement in the rash?

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Patient presenting with a Rash



Pharmacist Intervention (continued)

Assess the severity of the symptom

Any patients who present with a rash and symptoms of an allergic/hypersensitivity type reactions which have systemic effects e.g. difficulty breathing, should be referred to acute medical services immediately.

Ask patient about where the rash is? Is it itchy/swollen/red/blistered? Are there any signs of infection e.g. pus or fevers? Assess the severity (grade) of the rash they are experiencing using the table below:

Grade	0	1	2	3-4
Change from normal?	None or no change from normal	Mild – rash covering <10% of body surface with or without other symptoms such as itchy, burning, tingling, swelling or redness. The patients' skin is unbroken, without any obvious signs of infection	Moderate – rash covering 10-30% of body surface which is limiting daily activities. The patients' skin has Signs of infection and/or bleeding	Severe – rash covering >30% of body surface and limiting daily activities. Signs of infection or bleeding
Action	OTC advice / treatment	OTC advice / treatment	Refer to cancer team if OTC advice/treatment not improving symptoms within 24hrs	Refer to cancer team

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Patient presenting with a Rash



Advice and over the counter treatments which can be provided in the pharmacy **GRADE 0-1/GRADE 2**

- Advise the patient to keep their skin moisturised, applying a moisturiser at least twice a day
- Basic emollients (preferably SLS free) can be offered or those containing urea 10% or menthol if skin is itchy/irritated. Avoid perfumed products and encourage patient to use sunscreen
- Oatmeal can be soothing on very dry skin – several oatmeal based products are available over the counter and can be recommended to manage these symptoms
- Advise to protect dry hands/feet as much as possible e.g. wear gloves when washing up or gardening and avoid walking around barefoot
- Offer painkillers if appropriate

When to refer cross sector primary/secondary care **GRADE 2/GRADE 3-4**

Patients currently receiving immunotherapies, or who have received immunotherapy treatment(s) within the past 12 months, who experience rashes should be referred to their cancer team for assessment. Rashes can indicate that patients have developed a serious severe adverse effect that may require hospital admission.

Advise patient to contact their hospital,

- If they are currently on active oral cancer treatment as a dose reduction or pause in treatment may be necessary until rash is improved
- If they develop blisters, bleeding, pus or severe pain
- If the rash is limiting their daily activities
- Any patients who present with symptoms of allergic/hypersensitivity type reactions which have systemic effects e.g. difficulty breathing

How to refer cross sector primary/secondary care

- Clinical Nurse Specialist (CNS) in hospital cancer care team.
- 24-hour hospital cancer treatment “hotline”.

Additional Support

Comprehensive information regarding individual cancers, or cancer treatments, is available from the **Macmillan website**

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