

## Symptom Management Guidelines: XEROSTOMIA

Definition(s)	
<ul style="list-style-type: none"> <li><b>Xerostomia:</b> abnormal dryness in the mouth characterized by a marked decrease and/or thickening of saliva, may be acute or chronic in nature.</li> </ul>	
Contributing Factors	
<b>Cancer Treatment Related</b>	<p><b>Chemotherapy Agents</b></p> <ul style="list-style-type: none"> <li>Many chemotherapy agents have the potential to cause or contribute to xerostomia. Condition most often reverses post treatment. <b><i>For specific chemotherapy information See Cancer Drug Manual in Resource Section</i></b></li> </ul> <p><b>Radiation Therapy</b></p> <ul style="list-style-type: none"> <li>Radiation to head and neck/salivary glands. Severity of saliva reduction is dependent upon total dose of radiation received, degree of salivary gland radiated, and individual patient variables</li> <li>Total body irradiation</li> </ul> <p><b>Surgical excision of salivary glands</b></p> <p><b>Graft versus host disease</b></p>
<b>Medication(s)</b>	<ul style="list-style-type: none"> <li>Anticholinergics (e.g. atropine, transdermal scopolamine)</li> <li>Antipsychotics ((e.g. chlorpromazine, prochlorpromazine, risperidone)</li> <li>Antihistamines (e.g. diphenhydramine, chlorpheniramine)</li> <li>Opioids</li> <li>Antispasmodics</li> <li>Antihypertensives</li> <li>Diuretics</li> <li>Antidepressants (Tricyclic-TCAs &amp; Selective Serotonin Reuptake Inhibitors-SSRIs)</li> <li>Antiparkinsonians</li> <li>Bronchodilators</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Dehydration</li> <li>Immune disorders (e.g. Sjogren's syndrome, HIV/AIDs)</li> <li>Alcohol or tobacco use</li> <li>Oxygen therapy</li> <li>Infection (mumps)</li> <li>Anxiety</li> </ul>
Consequences	
<p><b>Increased risk of:</b></p> <ul style="list-style-type: none"> <li>Local infection/systemic infection (sepsis) – fungal, bacterial, viral</li> <li>Altered nutrition – dehydration, malnutrition, weight loss</li> <li>Dental disease – increased rate of dental caries, gingivitis, osteoradionecrosis (ORN)</li> <li>Cancer treatment delay, reductions, or discontinuation</li> <li>Change to quality of life – psychological distress, difficulty eating dry foods and drinking, altered speech and taste</li> </ul>	

## Focused Health Assessment

GENERAL ASSESSMENT	SYMPTOM ASSESSMENT	PHYSICAL ASSESSMENT
<p><b>Contact and General Information</b></p> <ul style="list-style-type: none"> <li>Physician name – oncologist, family physician</li> <li>Nurse Practitioner</li> <li>Dentist</li> <li>Pharmacy</li> <li>Home health care</li> <li>Other health care providers</li> <li>Allergies</li> </ul> <p><b>Consider Contributing Factors</b></p> <ul style="list-style-type: none"> <li>Cancer diagnosis and treatment(s) – note type and date of last treatment</li> <li>Medical history, including pretreatment oral and dental evaluation</li> <li>Medications</li> <li>Recent lab or diagnostic reports</li> </ul>	<p><b>Normal</b></p> <ul style="list-style-type: none"> <li>Refer to pretreatment nursing assessment or dental evaluation</li> </ul> <p><b>Onset</b></p> <ul style="list-style-type: none"> <li>When did symptoms begin?</li> </ul> <p><b>Provoking / Palliating</b></p> <ul style="list-style-type: none"> <li>What makes it better? Worse?</li> </ul> <p><b>Quality (in last 24 hours)</b></p> <ul style="list-style-type: none"> <li>Do you have a dry mouth? (e.g. decrease in amount or consistency of saliva)</li> <li>Do you have any redness, blisters, ulcers, cracks, or white patchy areas? If so, are they isolated, generalized, clustered or patchy?</li> </ul> <p><b>Region / Radiation – NA</b></p> <p><b>Severity / Other Symptoms</b></p> <ul style="list-style-type: none"> <li>How bothersome is this symptom to you? (0-10 scale, with 0 not at all – 10 being worst imaginable)</li> <li>Have you been experiencing any other symptoms: <ul style="list-style-type: none"> <li>Fever? - possible infection</li> <li>Difficulty breathing? – possible respiratory distress</li> <li>Difficulty swallowing? – nutritional deficiency</li> <li>Excessive thirst, weakness, dizziness, dark urine? – possible dehydration</li> <li>Oral pain?</li> </ul> </li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>Using any oral rinses? If so, what type? Effective?</li> <li>Using any salivary substitutes or stimulants? If so, what type? Effective?</li> <li>Using any pain medications? If so, what type (topical, systemic)? Effective?</li> <li>Any other medications or treatments? If so, what type (topical, systemic)? Effective?</li> </ul> <p><b>Understanding / Impact on You</b></p> <ul style="list-style-type: none"> <li>Functional Alterations? <ul style="list-style-type: none"> <li>Ability to eat or drink? How much? Swallow?</li> <li>Taste changes (dysgeusia)?</li> <li>Difficulty with speech?</li> <li>Able to wear dentures?</li> <li>Interfering with other normal daily activity?</li> </ul> </li> </ul> <p><b>Value</b></p> <ul style="list-style-type: none"> <li>What is your comfort goal or acceptable level for this symptom (0 – 10 scale)?</li> </ul>	<p><b>Vital Signs</b></p> <ul style="list-style-type: none"> <li>Frequency – as clinically indicated</li> <li>Assess any change in body weight</li> </ul> <p><b>Oral Assessment</b></p> <ul style="list-style-type: none"> <li>Assess lips, tongue and oral mucosa: <ul style="list-style-type: none"> <li>Color– note degree of pallor/erythema, presence of white patches, or discolored lesions/ulcers</li> <li>Moisture– note altered texture, shininess, decrease in amount of saliva, increased thickness of saliva</li> <li>Cleanliness– accumulation of debris or coating, discoloration of teeth, bad odour</li> <li>Integrity– note presence of cracks/ fissures/ulcers/blisters</li> <li>Note ability to swallow, changes in voice tone</li> </ul> </li> </ul> <p><b>Hydration Status and Weight</b></p> <p>Assess:</p> <ul style="list-style-type: none"> <li>Daily fluid intake/output</li> <li>Mucous membranes, skin turgor, and capillary refill</li> <li>Amount/character of urine</li> <li>Weight if daily fluid intake inadequate</li> </ul>

## SALIVARY GLAND CHANGES / XEROSTOMIA GRADING SCALE

Adapted NCI CTCATE (Version 4.03)

Normal	GRADE 1 (Mild)	GRADE 2 (Moderate)	GRADE 3 (Severe)	GRADE 4 (Life - threatening)
<ul style="list-style-type: none"> <li>Asymptomatic</li> </ul>	<ul style="list-style-type: none"> <li>Symptomatic changes without significant dietary alterations (e.g., dry or thick saliva)</li> <li>Unstimulated saliva flow &gt;0.2 ml/min</li> </ul>	<p>Moderate symptoms</p> <ul style="list-style-type: none"> <li>Oral intake alterations (e.g., copious water or other lubricants needed, diet limited to purees and/or soft, moist foods)</li> <li>Unstimulated saliva 0.1 to 0.2 ml/min</li> </ul>	<ul style="list-style-type: none"> <li>Inability to adequately aliment orally</li> <li>Tube feeding or TPN indicated</li> <li>Unstimulated saliva &lt;0.1 ml/min</li> </ul>	<ul style="list-style-type: none"> <li>not used</li> </ul>

**\*Step-Up Approach to Symptom Management:  
Interventions Should Be Based On Current Grade Level and Include Lower Level Grade Interventions As Appropriate**

### Management of Xerostomia

NORMAL



### GENERAL RECOMMENDATIONS FOR PREVENTION

<b>Salivary Gland Sparing Radiation Therapy</b>	<ul style="list-style-type: none"> <li>Intensity– modulated radiation therapy (IMRT) allows selective delivery of radiation to the head and neck sparing salivary gland tissue; thereby decreasing the severity of xerostomia</li> </ul>
<b>Dental Assessment and Care</b>	<ul style="list-style-type: none"> <li>A dental exam and interventions should be performed as early as possible before starting cancer treatment</li> <li>Maintaining optimal oral health during and after treatment will facilitate adequate hydration and nutrition, reduce severity of xerostomia and prevent/minimize oral complications</li> </ul> <p><b>Daily Fluoride Treatments:</b></p> <ul style="list-style-type: none"> <li>Essential to prevent/minimize development of dental caries and demineralization of teeth</li> <li>Initiated prior to cancer treatment and should be continued throughout life</li> <li>For long term/permanent xerostomia, use of a custom gel applicator tray is recommended for daily application</li> <li>For transient xerostomia fluoride gel may be brushed on teeth daily</li> </ul> <p><b>Types of Fluoride Gels:</b></p> <ul style="list-style-type: none"> <li>1.1% neutral pH sodium fluoride gel</li> <li>0.004% stannous fluoride gel</li> <li>Remineralizing gel</li> <li>Fluoride gel with additional calcium</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>Phosphate may be prescribed for severe xerostomia and early enamel breakdown</li> <li>Acidulated fluorides should not be used</li> <li>Patients with porcelain crowns should use a neutral pH fluoride</li> </ul>
<b>Pharmacological Management</b>	<ul style="list-style-type: none"> <li>Avoid/discontinue any medications that may cause or exacerbate xerostomia in collaboration with physician/nurse practitioner and pharmacist</li> </ul> <p><b>Amifostine</b> A cytoprotectant agent that reduces the incidence/severity of chronic/acute xerostomia in patients receiving radiation therapy for head and neck cancer.</p>



**NON – URGENT:  
Support, teaching & follow-up care as required**

<b>Patient Assessment</b>	<ul style="list-style-type: none"> <li>• Nurses to screen for xerostomia and associated oral complications</li> <li>• Once detected, assess at each patient visit</li> <li>• Assess and treat underlying causes where possible:             <ul style="list-style-type: none"> <li>- Anxiety</li> <li>- Candidiasis</li> <li>- Smoking cessation</li> <li>- Alcohol and caffeine consumption</li> <li>- Discontinue contributing medications if possible</li> </ul> </li> </ul>
<b>Oral Hygiene</b>	<p>Encourage patient to begin oral hygiene recommendations two weeks before start of cancer treatment or as early as possible.</p> <p><b>Flossing</b></p> <ul style="list-style-type: none"> <li>• Floss once daily, at bedtime, before brushing</li> <li>• Do not floss if:             <ul style="list-style-type: none"> <li>- Not part of normal oral care routine (unless recommended by dentist)</li> <li>- Causes pain or bleeding gums which does not stop after 2 minutes</li> <li>- Platelet count below 50, 000 mm<sup>3</sup> or unless otherwise advised by physician</li> </ul> </li> </ul> <p><b>Brushing</b></p> <ul style="list-style-type: none"> <li>• Use small, extra soft nylon bristled brush</li> <li>• Use non-abrasive, fluoride toothpaste with a neutral taste- flavoring agents may irritate gums</li> <li>• Brush two-four times daily             <ul style="list-style-type: none"> <li>- Brush all tooth surfaces using a short circular motion or horizontal strokes</li> <li>- Brush tongue back to front</li> </ul> </li> <li>• Rinse toothbrush well after each use; allow to air dry</li> <li>• Replace toothbrush when bristles are no longer standing up straight</li> <li>• Use swab sticks (foam brush) to help scoop out copious and thick secretions</li> </ul> <p><b>Oral Rinses</b></p> <ul style="list-style-type: none"> <li>• Oral rinses help keep mouth moist and clean by removing debris</li> <li>• Frequency and Use:             <ul style="list-style-type: none"> <li>- After brushing, rinse mouth minimum four times daily</li> <li>- Use 1 tablespoon (15ml) of oral rinse, swish in oral cavity for at 30 seconds, then spit out</li> <li>- Prepare mouth rinse solution daily to avoid risk of contamination</li> </ul> </li> <li>• <b>Recommended Bland Oral Rinses:</b> <ul style="list-style-type: none"> <li>- Normal saline (NS) - ½ teaspoon (2.5 ml) of salt in 8 oz (240 ml) of water</li> <li>- NS/sodium bicarbonate mixture – ¼ teaspoon (1.25 ml) of salt and ¼ teaspoon (1.25 ml) baking soda in 8 oz (240 ml) of water</li> <li>- Sodium bicarbonate – ¼ to ½ teaspoon (1.25-2.5 ml) baking soda in 8 oz (240 ml) of water</li> <li>- Multi-agent rinses - “ magic mouthwash” may be prescribed to reduce inflammation prevent fungus and help palliate pain; however, limited evidence to suggest superior to bland rinses</li> </ul> </li> <li>• <b>Oral Rinses Not Recommended:</b> <ul style="list-style-type: none"> <li>- Commercial mouthwashes which contain alcohol- due to drying effect</li> <li>- Chlorhexidine</li> <li>- Povidone iodine</li> <li>- Hydrogen peroxide</li> <li>- Sucralfate</li> </ul> </li> </ul> <p><b>Fluoride Treatments</b></p> <ul style="list-style-type: none"> <li>• Reinforce use of prescribed fluoride treatments to prevent oral complications</li> </ul> <p><b>Lip Care</b></p> <ul style="list-style-type: none"> <li>• Use water or aloe based lubricant to protect and moisten lips</li> <li>• Apply after oral care, at bedtime, and as often as required</li> <li>• Water based lubricants may be used with oxygen and can be applied inside the mouth</li> </ul>

	<p><b>NOTE:</b> Oil based lubricants (e.g. petroleum jelly) are <b>not recommended</b> due to increased risk of aspiration and their occlusive nature may promote bacterial growth</p> <p><b>Dentures</b></p> <ul style="list-style-type: none"> <li>• Remove dentures, plates, and/or prostheses before oral hygiene performed</li> <li>• Brush and rinse dentures after every meal and at bedtime</li> <li>• Soak dentures in oral rinse solution. Rinse before placing in mouth</li> <li>• Do not wear tight or loose fitting dentures</li> <li>• Allow long periods without wearing dentures, at least 8 hours daily</li> <li>• If mouth sensitive, wear only during mealtime</li> </ul>
<p><b>Moisture and Lubrication</b></p>	<p><b>Humidity</b></p> <ul style="list-style-type: none"> <li>• Cool humidifier or bedside vaporizer</li> </ul> <p><b>Saliva Substitutes</b></p> <ul style="list-style-type: none"> <li>• Use water as a saliva substitute- keep water bottle present at all times; encourage frequent sips</li> <li>• If water not effective, over the counter saliva substitutes may be purchased in a variety of forms (e.g. spray, lozenges, gels, and swab sticks, Oral Balance®)</li> </ul> <p><b>NOTE:</b> these products are often short acting and can be costly</p> <ul style="list-style-type: none"> <li>• Milk, butter, or vegetable oil may be helpful</li> </ul> <p><b>Saliva Stimulants</b></p> <ul style="list-style-type: none"> <li>• Mastication/Gustative Stimulants - can help stimulate residual salivary flow <ul style="list-style-type: none"> <li>- Chew sugar-free gum or candies</li> </ul> </li> </ul> <p><b>NOTE:</b> Patients with head and neck cancer may find chewing difficult from the residual effects of treatment</p> <ul style="list-style-type: none"> <li>• Over the counter oral lubricants may be helpful (e.g.: Moistir, Salivard)</li> </ul>
<p><b>Dietary Management</b></p>	<p><b>Encourage soft diet to make swallowing easier</b></p> <ul style="list-style-type: none"> <li>• Changes to food texture, consistency and temperature according to individual tolerance may help to minimize discomfort and facilitate swallowing</li> <li>• Moisten foods by adding extra sauce, dressing, gravy, broth, or butter/margarine</li> <li>• Cook food until tender, cut into small pieces</li> <li>• Alternate food with sips of fluid to facilitate chewing and swallowing</li> </ul> <p><b>Stimulate saliva and keep oral mucosa moist</b></p> <ul style="list-style-type: none"> <li>• Daily fluid intake of 8-12 cups- 2-2 1/2 litres (unless contraindicated), including water, sugar-free popsicles, non-acidic juices, ice cubes, sports drinks, clear broth, nutrition supplements</li> <li>• Suck on ice cubes, frozen grapes, sugar-free popsicles, or sugar-free hard candy</li> <li>• Papaya may help reduce the thickness of saliva</li> </ul> <p><b>Discourage foods and fluids that may not be well tolerated or promote dental caries</b></p> <ul style="list-style-type: none"> <li>• Dry or coarse foods (e.g. toast, crackers, chips)</li> <li>• Highly acidic fluids and foods (e.g. lemon glycerin swabs, orange juice vitamin C lozenges)</li> <li>• Fluid or foods high in sugar or that may stick to teeth (e.g. dried fruit, chocolate, honey)</li> <li>• Foods that have an extremely hot temperature</li> <li>• Caffeine, tea, alcohol, tobacco</li> </ul>
<p><b>Patient Education and Follow-Up</b></p>	<ul style="list-style-type: none"> <li>• Prior to cancer treatment, review oral care and hygiene recommendations with patient/family. Reinforce importance of self-care and compliance with recommendations to help prevent the development of oral complications</li> <li>• Demonstrate/assess understanding of how to perform daily oral assessment at home</li> <li>• Provide contact information and reinforce with patient/family when to seek immediate medical attention if the following develops; <ul style="list-style-type: none"> <li>- Temperature greater than or equal to 38° C</li> <li>- Presence of white patches, redness, foul odour- possible infection</li> <li>- Difficulty breathing/respiratory distress</li> <li>- Unable to eat or drink fluids for more than 24 hours- risk for dehydration</li> <li>- Increased difficulty swallowing- reflective of severity of symptoms</li> <li>- Uncontrolled pain- reflective of deteriorating patient status and severity of symptoms</li> </ul> </li> </ul> <p><b>Follow up:</b></p> <ul style="list-style-type: none"> <li>• Instruct patient/family to call back if xerostomia worsening or no improvement</li> <li>• Arrange for nurse initiated telephone follow-up as indicated</li> <li>• Arrange for physician follow-up in ambulatory care setting if indicated</li> </ul>

**GRADE 2  
OR  
Oral Intake Alterations**



**URGENT:  
Requires medical attention within 24 hours**

<b>Patient Assessment and Care</b>	<p>Collaborate with Physician/Nurse Practitioner if patient requires:</p> <ul style="list-style-type: none"> <li>• Further evaluation and assessment of oral mucosa, hydration status in an ambulatory care setting. Facilitate arrangements as necessary</li> <li>• A new/change in prescription (e.g. pain medication, saliva stimulant, or anti-infective agent).</li> <li>• Lab and diagnostic testing that may be ordered:             <ul style="list-style-type: none"> <li>– Bacterial, fungal, or viral culture of oral mucosa</li> <li>– Complete blood count and electrolyte profile</li> </ul> </li> </ul>
<b>Oral Hygiene</b>	<ul style="list-style-type: none"> <li>• Continue with general oral hygiene recommendations as tolerated</li> <li>• Increase frequency of oral hygiene recommendations according to symptom severity</li> </ul>
<b>Moisture and Lubrication</b>	<p><b>Humidity</b></p> <ul style="list-style-type: none"> <li>• Cool humidifier or bedside vaporizer</li> </ul> <p><b>Saliva Substitutes</b></p> <ul style="list-style-type: none"> <li>• Continue to use water as a saliva substitute. Keep a bottle of water present at all times. Encourage frequent sips</li> <li>• If water not effective, consider over the counter oral lubricants and saliva substitutes (e.g. spray, lozenges, gels, and swab sticks, Oral Balance®, Moistir, Salivard)</li> <li>• Milk, butter or vegetable oil may be helpful.</li> </ul> <p><b>Saliva Stimulants</b></p> <ul style="list-style-type: none"> <li>• <b>Mastication/Gustative Stimulants</b> – continue to chew sugar-free gum or candies as tolerated (e.g. Sialor®).</li> <li>• <b>Pilocarpine (Salagen®)</b> – may be prescribed for symptomatic patients receiving radiation therapy for head and neck cancer with residual salivary flow.</li> <li>• <b>Acupuncture</b> – Stimulation of salivary flow unclear, but may be helpful for some patients.</li> </ul>
<b>Dietary Management</b>	<ul style="list-style-type: none"> <li>• Change food texture, consistency, and temperature according to individual tolerance (e.g. soft diet, puree diet).</li> <li>• Depending on symptom severity or if patient unable to tolerate adequate daily fluid intake, oral fluid supplementation or IV hydration may be indicated.</li> </ul>

### Grade 3

AND/OR the presence of the following symptoms:

- Temperature greater than or equal to 38°C,
- Severe or uncontrolled pain
- Respiratory distress
- Unable to eat or drink for 24 hours



### EMERGENCY:

Requires IMMEDIATE medical attention

<b>Patient Assessment and Care</b>	<ul style="list-style-type: none"><li>• Collaborate with Physician/Nurse Practitioner to determine if hospital admission required-facilitate arrangements as necessary.</li><li>• Prophylactic intubation may be required if severe respiratory distress or at risk for aspiration.</li><li>• Nursing Support:<ul style="list-style-type: none"><li>- Oral assessment</li><li>- Monitor vital signs as clinically indicated</li><li>- Assess hydration status</li><li>- Accurate monitoring of daily intake and output, including daily weight</li><li>- Pain and symptom management as appropriate</li><li>- As patient stabilizes, reinforce importance of regular comprehensive dental follow-up and intensive prophylaxis</li></ul></li></ul>
<b>Oral Hygiene</b>	<ul style="list-style-type: none"><li>• Frequent mouth care using oral rinse every 1-2 hours (or as tolerated).</li><li>• Apply water based lubricant to lips every 1-2 hours.</li></ul>
<b>Dietary Management</b>	<ul style="list-style-type: none"><li>• NPO</li><li>• IV hydration</li><li>• Use of enteral or parenteral nutrition (TPN) until patient stable and symptoms resolving</li></ul>

### RESOURCES and REFERRALS

<b>Referrals</b>	<ul style="list-style-type: none"><li>• Oncology Nutrition Services</li><li>• Home Health Nursing</li><li>• Physician, Oral Oncology Specialist/Dentist</li><li>• Speech Language Pathologist</li><li>• Pain and Symptom Management/Palliative Care (PSMPC)</li><li>• Patient Support Centre, Telephone Care for follow - up</li><li>• Acupuncturist</li></ul>
<b>Healthcare professional Guidelines</b>	<ul style="list-style-type: none"><li>• Cancer management guidelines - Oral/Dental Care: <a href="http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/SupportiveCare/Oral/default.htm">http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/SupportiveCare/Oral/default.htm</a></li><li>• Use of Parenteral Nutrition in Cancer Patients <a href="http://www.bccancer.bc.ca/NR/ronlyres/06F7A492-887D-402F-9152-A9F2EAE1987A/55954/FinalPNGuidelines.doc">http://www.bccancer.bc.ca/NR/ronlyres/06F7A492-887D-402F-9152-A9F2EAE1987A/55954/FinalPNGuidelines.doc</a></li></ul>
<b>Patient Education</b>	<ul style="list-style-type: none"><li>• Chewing and Swallowing: <a href="http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Chewing+and+Swallowing.htm">http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Chewing+and+Swallowing.htm</a><ul style="list-style-type: none"><li>- Easy to Chew Recipes</li><li>- Blenderized Foods</li><li>- Food Ideas to Try With a Sore Mouth</li><li>- Coping with Dry Mouth</li></ul></li><li>• Decreased Appetite: <a href="http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Decreased+Appetite.htm">http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Decreased+Appetite.htm</a><ul style="list-style-type: none"><li>- Food Ideas to Help With Poor Appetite</li><li>- Alternatives to Nutritional Supplements</li><li>- Flavoring Suggestions for Supplements</li><li>- High Energy High Protein Menu and Recipes</li><li>- High Calorie High Protein Smoothie</li><li>- Healthy Eating Using High Energy High Protein Foods</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>• Taste Changes:  <a href="http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Taste+Changes.htm">http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Taste+Changes.htm</a> <ul style="list-style-type: none"> <li>- Coping with Taste Changes</li> <li>- Food Ideas to Cope with Taste and Smell Changes</li> </ul> </li> <li>• Additional Nutrition Resources:  <a href="http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Additional+Resources.htm">http://www.bccancer.bc.ca/HPI/NutritionalCare/PtEd/Additional+Resources.htm</a> </li> <li>• Nutrition Guide to Tube Feeding at Home  <a href="http://www.bccancer.bc.ca/NR/ronlyres/06F7A492-887D-402F-9152-A9F2EAE1987A/55953/YourNutritionGuidetoTubeFeedingatHomeMayy2003.pdf">http://www.bccancer.bc.ca/NR/ronlyres/06F7A492-887D-402F-9152-A9F2EAE1987A/55953/YourNutritionGuidetoTubeFeedingatHomeMayy2003.pdf</a> </li> <li>• TPN Patient Brochure  <a href="http://www.bccancer.bc.ca/NR/ronlyres/06F7A492-887D-402F-9152-A9F2EAE1987A/55955/ParenteralNutritionBrochure.pdf">http://www.bccancer.bc.ca/NR/ronlyres/06F7A492-887D-402F-9152-A9F2EAE1987A/55955/ParenteralNutritionBrochure.pdf</a> </li> <li>• Resources about managing anxiety, progressive muscle relaxation, positive thinking, etc  <a href="http://www.bccancer.bc.ca/PPI/copingwithcancer/emotional/dealingemotions/factsheets.htm">http://www.bccancer.bc.ca/PPI/copingwithcancer/emotional/dealingemotions/factsheets.htm</a> </li> </ul>
<b>Related Online Resources</b>	<ul style="list-style-type: none"> <li>• E.g. Fair Pharmacare; BC Palliative Benefits  <a href="http://www.bccancer.bc.ca/NR/ronlyres/AA6B9B8C-C771-4F26-8CC8-47C48F6421BB/66566/SymptomManagementGuidelinesRelatedResources.pdf">http://www.bccancer.bc.ca/NR/ronlyres/AA6B9B8C-C771-4F26-8CC8-47C48F6421BB/66566/SymptomManagementGuidelinesRelatedResources.pdf</a> </li> </ul>
<b>Bibliography List</b>	<ul style="list-style-type: none"> <li>• <a href="http://www.bccancer.bc.ca/HPI/Nursing/References/SystemManagementGuidelines/Biblio.htm">http://www.bccancer.bc.ca/HPI/Nursing/References/SystemManagementGuidelines/Biblio.htm</a></li> </ul>

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