**Grading Toxicity**

### Oral Mucositis

**Definition:** A disorder characterised by ulceration or inflammation of the oral mucosa

<table>
<thead>
<tr>
<th>Grade</th>
<th>(Mild)</th>
<th>(Moderate)</th>
<th>(Severe)</th>
<th>(Potentially Life-Threatening)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic or mild symptoms; intervention not indicated</td>
<td>Moderate pain or ulcer; not interfering with oral intake; modified diet indicated</td>
<td>Severe pain; interfering with oral intake</td>
<td>Life-threatening consequences; urgent intervention indicated</td>
<td></td>
</tr>
</tbody>
</table>

### Dry Mouth (Xerostomia)

**Definition:** A disorder characterised by reduced salivary flow in the oral region

<table>
<thead>
<tr>
<th>Grade</th>
<th>(Mild)</th>
<th>(Moderate)</th>
<th>(Severe)</th>
<th>(Potentially Life-Threatening)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic (e.g., dry or thick saliva) without significant dietary alteration; unstimulated saliva flow &gt;0.2 mL/min</td>
<td>Symptomatic, oral intake alterations (e.g., copious water, other lubricants, diet limited to purées and/or soft, moist foods); unstimulated saliva 0.1 to 0.2 mL/min</td>
<td>Inability to adequately aliment orally; tube feeding or total parenteral nutrition indicated; unstimulated saliva &lt;0.1 mL/min</td>
<td>Life-threatening consequences; urgent intervention indicated</td>
<td></td>
</tr>
</tbody>
</table>

### Overall Strategy

- Assess for other etiology of mucositis or dry mouth: candidiasis; ask patient about new medications (particularly antihistamines), herbal products, alternative/complementary therapies

### Management (Including anticipatory guidance)

#### Interventions in at-risk patients

- Advise basic oral hygiene:
  - Tooth brushing (soft toothbrush, avoid toothpaste with whitening agents)
  - Use of dental floss daily
  - Rinse mouth with cool water after eating or drinking
- Use of dental floss daily
- Avoid alcohol/substances or other hepatotoxins
- Avoid anticholinergics or other anticholinergic agents

#### Grade 1 (Mild)

- Anticipate immunotherapy to continue
- Advise basic oral hygiene
- Advise avoidance of hot, spicy, acidic foods
- Anticipate possible alternative treatment(s):
  - Zinc supplements or 0.2% zinc sulphate mouthwash
  - Probiotics with Lactobacillus

#### Grade 2 (Moderate)

- Anticipate immunotherapy to continue
- Advise basic oral hygiene
- Advise avoidance of hot, spicy, acidic foods
- Anticipate possible alternative treatment(s):
  - Zinc supplements or 0.2% zinc sulphate mouthwash
  - Probiotics with Lactobacillus

#### Grade 3 (Severe)

- Anticipate discontinuation of immunotherapy
- Advise basic oral hygiene
- Advise avoidance of hot, spicy, acidic foods
- Anticipate possible alternative treatment(s):
  - Zinc supplements or 0.2% zinc sulphate mouthwash
  - Probiotics with Lactobacillus

#### Grade 4 (Potentially Life-Threatening)

- Anticipate hospitalisation if unable to tolerate oral solids or liquids
- Unusual role of systemic corticosteroid
- Anticipate need for supplemental nutrition
  - Enteral
  - Parenteral
- Anticipatory guidance regarding use of pharmacologic agents
  - Antiemetics
  - Antiseptics
  - Antiemetics
- Anticipatory guidance regarding use of pharmacologic agents
  - Antiemetics
  - Antiemetics

#### Mucositis

- Vigilant oral hygiene
- Increase frequency of brushing to Q4 hours and at bedtime
- If unable to tolerate brushing, advise sodium bicarbonate rinses
- Encourage sips of cool water or crushed ice
- Encourage soft bland nonacidic foods
- Avoid alcohol/substances or other hepatotoxins
- Avoid anticholinergics or other anticholinergic agents

#### Xerostomia

- Provide frequent sips of cool water
- Encourage sugarless hard candies
- Provide lubricating agents
- Review side effects of immunotherapy and rationale for interventions as well as treatment hold
- Identify barriers to adherence

#### Xerostomia

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### Recognise:

- Any history of dry mouth?
- Any history of radiation to the mouth?
- Does patient smoke?
- Concomitant medications associated with causing dry mouth?
- Reports of dry mouth often accompany mucositis
- Reports of dry mouth 

### Long-term high-dose steroids:

- Consider anticholinergic prophylaxis
- Consider additional anticholinergic and antifungal coverage
- Avoid alcohol /substances or other hepatotoxins
- If extended steroid use, risk for osteoporosis; initiate calcium and vitamin D supplements

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*Administering Corticosteroids:*

- Avoid alcohol/substances or other hepatotoxins
- Avoid anticholinergics or other anticholinergic agents
- Avoid alcohol/substances or other hepatotoxins
- If extended steroid use, risk for osteoporosis; initiate calcium and vitamin D supplements

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