**Care Step Pathway – Adverse Events (AEs) After T-VEC**

### Prevention of AEs

- Review potential AEs with the patient
- Suggest premedication with ibuprofen/acetaminophen prior to injection and the evening of/next morning after injection (to reduce the impact of fever/chills)
- Stress importance of keeping injection site covered for 1 week and avoiding touching or scratching injection sites or dressing
- Ensure that the patient has dressing materials/gloves
- Advise patient to call the office regarding:
  - Any change in vision, even if small
  - Canker sores, cold sores, any tingling skin lesions
  - Persistent fever (>101.0°F; 38.3°C), chills, nausea/vomiting, aches, pains
  - Any red, swollen area that is expanding, especially if accompanied by fever
- Advise patient to plan rest periods and get some light exercise daily (like walking or yoga) to combat fatigue
- Assure access to an oral antiemetic to take the night of treatment if necessary, the following morning, and on an as-needed basis
- Suggest use of a heating blanket/multiple blankets the night of treatment to reduce the impact of chills

### Patient Evaluation/Nursing Assessment

**Look:**
- Does the patient appear unwell?
- Does the patient appear dehydrated?
- Is the patient currently febrile?
  - If febrile, are rigors present?
- Any blistering lesions in a herpetic pattern? Are they painful or tingling?
- Is the dressing dry?
- Is the injection site red, warm, or oedematous?
- Is there excessive swelling?

**Listen:**
- Onset and duration of fevers, chills, malaise, or joint pain
- Medications taken for fevers (acetaminophen, ibuprofen, other) and how often
- Eating habits, any nausea or vomiting
- Whether the patient has been taking enough fluids
- How the patient has been handling dressing changes
- Patient discomfort level
- If cellulitis is present, has the patient taken the full course of antibiotics?
- Is the patient achy?
- Is the injection site stinging or painful?
- Any changes in vision?

**Recognize:**
- How the patient has been managing the injection site (dressing/avoidance of touching/scratching)
- Presence of herpetic lesions
- Signs of ocular herpes
- Signs of cellulitis (particularly refractory cellulitis)

### Management of AEs

**Nausea/Vomiting**
- Oral antiemetics
- IV antiemetics for subsequent T-VEC cycles
- Fluids/bland food

**Flu-like Symptoms, Fever/Chills**
- Acetaminophen/non-steroidal anti-inflammatory drugs (NSAIDS)
- Warm packs, blankets

**Herpetic Lesions**
- Refer patients with vision changes to an ophthalmologist
- Consider testing herpetic lesions to determine if they are related to T-VEC
- Weigh the benefits/risk of antivirals such as acyclovir

**Injection-Site Pain/Swelling**
- Elevation, ice
- Acetaminophen
- Avoid compression because it may be painful

**Cellulitis**
- Anticipate complete blood count (CBC) draw, blood cultures, and start of empiric antibiotics
- Consider hospitalisation for intravenous antibiotics if oral antibiotics fail or the patient develops weakness in arms/legs

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