

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 infection 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:
 - o Any change in vision, even if small
 - o Canker sores, cold sores, any tingling skin lesions
 - o Persistent fever (>101.0°F; 38.3°C), chills, nausea/vomiting, aches, pains
 - o 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?
 - o 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