

## Care Step Pathway - Skin Toxicities

### Nursing Assessment

#### Look:

- Does the patient appear uncomfortable?
- Does the patient appear unwell?
- Is there obvious rash?
- Suspicious skin lesion(s)?
- Xerosis? Is the patient scratching during the visit?
- Skin changes/new lesion(s): photosensitivity reactions, sunburn, or other cutaneous lesions suspicious for actinic keratoses, keratoacanthomas, cutaneous squamous cell carcinomas, or new melanomas?

#### Listen:

- Rash and/or pruritus?
- Other cutaneous symptoms: (eg, photosensitivity)?
- Are symptoms interfering with ADLs? With sleep?
- Have symptoms worsened?
- What interventions has patient tried (if any): effective and ineffective?
- Question patient and family regarding history of skin problems in the past (i.e., sun damage, dermatitis [with prior immunoRx], wounds, underlying skin disorders [e.g., psoriasis, eczema])
- Any exposure to new chemicals, soaps or allergens (animals, travels)?

#### Recognize:

- Is there a personal or family history of dermatitis, pre-existing skin issues (psoriasis, skin cancer, wounds)?
- Is there evidence of scratching, such as abrasions?
- Is skin integrity intact?
- Are there skin changes?
  - o Xerosis
  - o Changes in skin pigment or color
- Oral involvement?
- Perform comprehensive skin examination and determine grade of toxicity
- What impact have the symptoms had on QOL?
- Relevant social history (occupational, environmental, leisure-type activities)

### Grading Toxicity

#### RASH (maculopapular rash, acneiform rash, or dermatitis)

Definition: A disorder characterized by the presence of macules (flat) and papules (elevated). Maculopapular rash frequently affects the upper trunk, spreading centripetally and associated with pruritus, whereas acneiform rash typically appears on the face, scalp, upper chest, and back.

#### Grade 1 (Mild)

Macules/papules covering <10% BSA with or without symptoms (e.g., pruritus, burning, tightness)

#### Grade 2 (Moderate)

Macules/papules covering 10-30% BSA with or without symptoms (e.g., pruritus, burning, tightness); limiting instrumental ADLs

#### Grade 3 (Severe)

Macules/papules covering >30% BSA with or without associated symptoms; limiting self-care ADLs; skin sloughing covering <10% BSA

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

Papules/pustules covering any % BSA, with or without symptoms and associated with superinfection requiring IV antibiotics; skin sloughing covering 10-30% BSA

#### Grade 5 (death)

#### PRURITUS

Definition: A disorder characterized by an intense itching sensation.

#### Grade 1 (Mild)

Mild or localized; topical intervention indicated

#### Grade 2 (Moderate)

Intense or widespread; intermittent; skin changes from scratching (e.g., edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADLs

#### Grade 3 (Severe)

Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated

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

#### Grade 5: Death

## Management

### Overall Strategy:

- Introduce concept of treatment interruption and possible dose reduction when educating patients prior to initiation of therapy
- Refer for baseline skin examination before beginning therapy and closely monitor at-risk patients
- Assess for other etiology of rash: ask patient about new medications, herbals, supplements, alternative/complementary therapies
- Encourage patients to report any skin changes promptly

### Intervention (at-risk patients)

#### Gentle skin care:

- Avoid soap. Instead, use non-soap cleansers (mild, fragrance- & dye-free soap on the axillae, genitalia, and feet)
- Avoid hot baths
- Avoid tight clothing/shoes
- Keep fingernails short (to avoid scratching)
- Daily applications of nonsteroidal moisturizers or emollients containing humectants (urea, glycerin)
- Apply moisturizers and emollients in the direction of hair growth to minimize development of folliculitis

#### Advise sun protective measures:

- Use of UV-protective clothing, sunglasses, sunscreen against UVA rays or broad spectrum (UVA/UVB), avoidance of direct and indirect sunlight
- Assess patient and family understanding of prevention strategies and rationale
- Identify barriers to adherence

### Grade 1 (Mild)

- Observation only
- Emollients
- Sun avoidance/sunscreen
- Possible use of topical antihistamines

#### Patient Counseling:

- Emollients twice daily
- Antihistamines and analgesics, if applicable
- Strict UV protection w/ SPF 30 sunscreen/eye protection
- Gentle exfoliation for follicular rash
- Treatment w/ low-potency topical steroids to be started/possible treatment interruption for persistent or worsening adverse events

### Grade 2 (Moderate)

- Antihistamines and analgesics as needed
- Topical steroids and/or antipruritics (topical/oral) to be started
- Persistent Grade 2: therapy to be held until Grade 0-1
  - Start oral steroid, taper no longer than 7 days
- Rash: consider topical antibiotic (clindamycin gel) if indicated
- Consider referral to dermatologist

#### Patient Counseling:

- Anticipate treatment with higher-potency topical or oral steroids
- Consider referral to dermatologist or provider trained in managing toxicities from targeted therapy

### Grade 3 (Severe)

- Treatment to be held until <Grade 1; resume at a lower dose
- Oral steroid to be started, taper no longer than 7 days
- Rash: consider topical antibiotic
- Refer to dermatologist

#### Patient Counseling:

- Anticipatory guidance regarding hospitalization for systemic steroids and/or hydration

### Grade 4 (Potentially Life-Threatening)

- Targeted therapy to be permanently discontinued
- Consider hospitalization for IV hydration, steroids, IV antibiotics, electrolyte replacement

#### Patient Counseling:

- Anticipatory guidance regarding treatment discontinuation or possible hospitalization for steroids and/or hydration
- Referral to dermatologist

### RED FLAGS:

- Extensive rash (>50% BSA), or rapidly progressive
- Skin sloughing
- Oral involvement
- Concern for suprainfection



ADL = activities of daily living; BSA = body surface area; QOL = quality of life