

Managing your concerns and side effects

available online with active links at
4Rplan.com/onc-se/



If you have chest pain, shortness of breath or difficulty breathing, call 9-1-1 or go to emergency room. Inform nursing staff in ER that you are a cancer patient receiving drug therapy.

If you have any of these symptoms, IMMEDIATELY contact your cancer care team:

- Fever of 100.4°F (38.0°C) or higher
- Dark urine
- Profound weakness or numbness
- Confusion or change in mental status
- New or worsening uncontrolled pain
- Yellowing of skin or whites of eyes
- Severe swelling in legs, feet or hands
- Blood pressure is over 150/100

Review each item below a few times a week. Click on link to get more information.

Link	You may manage at home	Immediately call care team
Constipation	Occasional use of laxatives	With laxatives, no poop for 5 days
Diarrhea	2-3 diarrhea a day	4+ more poops than normal
Nausea and Vomiting 	Decreased hunger	No eating or drinking, can't keep food down for more than one day
Swollen arms / legs (Edema) 	Daily swelling comes and goes	Leg is red or one leg is bigger than other
Skin dry, itchy skin rash, fingernail issues	Limited to a small area	Spread to a large area
Muscle pain (myalgia)	Not impacting daily activities	Not able to do daily activities
Mood changes, memory, difficulty finding words	Occasional issues	You think of hurting yourself or others
Fatigue (low energy) 	Fatigue helped by rest or walks	No energy to get out of bed

Helpful reminders:

- Set up routines and reminders for your medicine
- Do not change your dose (amount) or stop taking your medicine without first discussing it with your care team
- Write down all side effects and symptoms you have and share them with your care team
- Speak with your care team before taking over-the-counter drugs, herbs, supplements, vitamins, or non-cancer meds
- Carry a list of your medications with you and share with medical providers

Never hesitate to call your medical provider with questions or concerns.

Common Concerns During Cancer Treatment *If any concerns become severe, contact your care team*

[Sleep](#)

[Use of tobacco/cigarettes/vaping](#)

[Use of medications, drugs not prescribed to you](#)

[Appearance](#)

[Mouth Sores or dry mouth](#) 

Sexual intimacy or function: [Men](#) [Women](#)

Family building: [Men](#) [Women](#)

[Urine or bladder concerns](#)

[Nerve problems \(neuropathy\)](#)

[Difficulty concentrating or remembering things](#)

[Use of herbs or supplements](#)

[Weight loss](#)

[Lack of appetite](#)

[Weight gain](#)

[Issues with taste](#)

[Concerns about nutrition](#)

Emotional or Practical Concerns *If any emotional or practical concerns become severe, contact your care team*

[Little interest or pleasure in doing things](#)

[Feeling nervous, stressed, anxious or on edge](#) 

[Paying for housing, transportation, medication](#)

[Health insurance](#)

[Being able to live independently or alone](#)

[Religious or spiritual struggles](#)

Other information: [U.S Veteran](#) [under 40 years old](#) [breast cancer](#) [colorectal cancer](#) [prostate cancer](#) [lung cancer](#)
[NCCN Patient Guidelines](#)

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