

Managing side effects of your cancer treatment at home during social distancing

If you have shortness of breath or difficulty breathing, call 9-1-1 or go to emergency room.

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

- Fever of 100.4°F (38.0°C) or higher
- Cough
- Muscle aches
- Sore throat
- Diarrhea and/or abdominal pain
- Loss of Smell

COVID-19 Self Prevention:

- Wash your hands often with soap and water for at least 20 seconds.
- Try not to leave home. If you do need to go out, avoid peak hours, wear a face covering, and keep 6 feet of distance between yourself and others. Limit close contact with people who live outside your home as much as possible.
- Clean frequently touched surfaces and objects daily using disinfectant wipes or a regular household detergent and water.
- For more information on this evolving situation, click on: [COVID-19 for cancer patients](#)

Managing Side Effects and Concerns related to your cancer treatment.

Review each side effect below once a week. **Click** on a side effect to get more information. Write down the side effects or concerns that are new or are getting worse. Share these with your care team at your next visit or call your care team if you are concerned about a side effect and need additional help before your next visit.

Common Side Effects or Concerns during Cancer Treatment

[Constipation](#)

[Nausea or vomiting](#)

[Sleep](#)

[Difficulty chewing](#)

[Difficulty swallowing](#)

[Mouth Sores](#)

[Dry mouth](#)

[Dental/ teeth issues](#)

[Swollen arms or legs](#)

[Skin dry / itchy or skin rash](#)

[Tingling or numbness in hands / feet](#)

[Changes in urination](#)

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

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

[Use of herbs or supplements](#)

[Feeling full quickly or swollen abdomen](#)

[Difficulty concentrating, remembering things, or finding words](#)

[Fall or feel unsteady when walking in past 7 days](#)

[Pain that worsened last 7 days, is impacting your daily activities](#)

[Fatigue that became worse last 7 days](#)

[Appearance](#)

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

If any of the side effects or concerns became severe in the last 7 days, contact your care team.

Nutrition Concerns

[Weight loss](#)

[Lack of appetite](#)

[Weight gain](#)

[Issues with taste](#)

[Concerns about nutrition](#)

If any of the nutrition concerns became severe in the last 7 days, contact your care team.

Emotional or Practical Concerns

[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](#)

If any of the emotional or practical concerns became severe, please contact a social worker.