# Let's Talk About ...

#### **Going Home After Cancer Treatment**

Children with cancer may have problems that are caused by the disease and its treatment. The information in this handout is a short version of the topics found in the Oncology Family Handbook.

#### What does chemotherapy do?

Chemotherapy (cancer medicine) kills fast growing cells, both cancer cells and normal cells. Healthy cells lining the mouth, stomach, and roots of the hairs are cells that grow quickly. They are damaged by chemotherapy. This is why hair may fall out, or sores may appear in your child's mouth or stomach.

Chemotherapy also affects three important blood cells that also grow quickly: red blood cells that carry oxygen, white blood cells that fight infection, and platelets that help stop bleeding. About 7–10 days after chemotherapy, there will be fewer of all these cells in the body. Because your child has fewer blood cells, they are more likely to get an infection and may bleed more than usual.

#### How do I keep my child healthy?

One of the most important things you can do to keep your child healthy is to wash your hands and have visitors wash their hands, too. Have your child wash their hands before and after eating, after using the bathroom, and after being around pets and other animals.

Your child should take a bath or shower each day. Have your child brush their teeth after every meal and before bed.

Visitors who are feeling sick, who have a cold or the flu should not visit. You can ask them to come back another time when they are healthy.

When blood counts are low, you should keep your child away from sick people and large crowds. This includes shopping malls, grocery stores, and church.

Talk with your child's doctor about whether your child may attend school.

### What are the things I need to watch for?

Common problems you need to watch for while your child receives cancer treatment include:

- Pain
- Nausea and vomiting
- Mouth sores
- Bleeding
- Infection
- Dehydration (not enough water in the body)
- Constipation
- Fatigue

#### What do I do if my child has pain?

Your child may have times of discomfort and even pain. It will be helpful for you to know ways to lessen your child's pain. There are many ways to control pain. Ask your medical caregiver for more information on specific ways to help your child, for example you could ask:

- What your caregivers will do when your child is in pain
- How you can help
- How children of different ages may respond to pain
- How to set a pain management goal
- What treatments and medicines are used to control pain
- When to call your child's doctor

## What do I do for nausea and vomiting?

Nausea is the feeling of being sick to your stomach. Vomiting is when you throw up what is in your stomach. Most children who receive chemotherapy have some nausea and vomiting as a result of cancer treatments. When your child receives a type of chemotherapy that often causes nausea and vomiting, your doctor can prescribe another medicine to lessen the nausea and vomiting. Some children have nausea and vomiting that lasts more than 2 days after chemotherapy. If this happens, your child's antinausea medicine may need to be changed.

Some things that may help if your child has nausea and vomiting include:

- Having your child drink clear fluids often and in small amounts
- Having your child eat bland foods: clear broth soups, toast, or potatoes

Call the oncology clinic or your child's provider if:

- Your child is unable to keep fluids down
- You think your child may be dehydrated
- Your child continues to vomit more than 2 days after chemotherapy
- Your child is unable to eat solids for 3 or more days after chemotherapy

### What do I do if my child has mouth sores?

Sometimes, chemotherapy causes mouth sores. Your child might bleed around the gums, especially if your child's teeth are brushed too hard. The sores can become more irritated or infected.

Some things that may help if your child has mouth sores include:

- Having your child use a soft toothbrush or a Toothette® (a small sponge on a stick).
- Helping your child avoid hot, spicy, or salty foods.
   Try cold foods like slushes or sherbet, use a straw to avoid irritating the sores, or drink liquids before eating solid foods.
- Asking your doctor about mouth numbing medicine if your child doesn't want to eat.

### How do I watch for bleeding and what do I do?

Have your child avoid rough play, like wrestling or jumping. Rough play may lead to an injury or bleeding. If your child has a low platelet count, it is very important that your child avoid rough play.

If your child has a cut or wound that does not stop bleeding, do the following:

- Apply direct pressure over the bleeding area with a clean towel or cloth until the bleeding stops.
- If the bleeding does not stop after 15 minutes of direct pressure, call your child's doctor.

Watch for blood in your child's bowel movements, urine, and vomit.

- Bowel movements that have blood in them may look red or black and tarry. Urine that has blood in it could appear pink, red, or brown. Vomit that has blood in it may be red or brown.
- If your child has blood during bowel movements, urine, or vomit, call your child's doctor.

#### How do I watch for infections and what do I do?

Watch for fever. If your child has a fever, it may indicate an infection.

- It is best to use an electronic thermometer rather than glass because they are safer and quicker.
- Call your doctor immediately if your child has:
  - A fever of 101°F (38.3°C) or more
  - A fever of 100.4°F (38.0°C) or more, for more than an hour

Watch for any of the following:

- Pain anywhere in your child's body
- Redness or swelling anywhere
- Your child looks sick
- A change in your child's behavior
- A bad cough or cold
- Diarrhea or vomiting
- A lack of energy

If your child has any of these symptoms, call your doctor immediately.

Only give your child medicine that your child's doctor approves for a specific illness.

### How do I watch for chicken pox and what do I do?

Chicken pox is a common illness in children. It is spread by coughing, sneezing, and contact with the chicken pox virus. Your child was exposed to chicken pox if:

- Your child was with a child who got a chicken pox rash a day or two later.
- Your child was with a child who has a chicken pox rash.

Children being treated for cancer are at an increased risk of developing complications if they get chicken pox. If your child is being treated for cancer, your child should avoid contact with people who may be infected with chicken pox. Avoid being exposed to chicken pox, even if your child has been immunized. Children who have had chicken pox can develop an infection called shingles (very painful rash).

If your child develops chicken pox or shingles or if exposed to another child with chicken pox, call your child's care team.

If you think your child was exposed to chicken pox, call the clinic right away.

#### How do I watch for dehydration?

Dehydration [dee-high-DRAY-shun], or not enough body fluids is always a concern. Dehydration happens because of vomiting or diarrhea. In these cases the body loses fluid and minerals.

Watch for these things:

- Sunken eyes
- Sunken soft spot on top of a baby's head
- Dry mouth and tongue
- No tears
- No urine for 12–18 hours
- Unusual sleepiness or tiredness

If you think your child has dehydration:

- Give clear liquids (like water, Gatorade®, or clear broth) but do not force drinking.
- Change your child's diet slowly to encourage eating more and more normal foods. Give soft foods and then change to more solid foods.
- Try giving small amounts of fluid at a time (½ ounce or ¼ of a measuring cup). You may want to use small cups to prevent overwhelming your child.
- Call the clinic if you think your child may be dehydrated. Dehydration is serious. In some cases, a child must go to the hospital.

# What do I do if my child has constipation?

Constipation happens when your child can't have regular bowel movements or when your child has hard, uncomfortable bowel movements. Many things can cause constipation including some chemotherapy medicines, some pain medicines, lower activity levels, less fluid intake, and changes in eating habits.

Constipation can cause small tears in the tissue of the intestines. This can be a source of infection or bleeding.

Some things that can help prevent constipation include:

- Medicines such as laxatives or stool softeners.
   Ask your child's doctor about which to use.
- Making sure your child gets enough to drink.
- Increasing the amount of fiber in your child's diet.
- Having your child get some type of physical activity each day.

Call the clinic or your child's provider if:

- Your child has constipation and you have questions about how to manage it.
- Your child has a bowel movement with blood in it.
- Your child has pain during or after bowel movements.
- Your child's constipation continues after using medicines for 48 hours or longer.

### How do I watch for fatigue and what do I do?

Fatigue is one of the most common side effects of cancer treatment. It is a persistent feeling of physical, emotional, or mental tiredness. This type of fatigue is different from not getting enough rest.

The first step to managing fatigue is to treat anything that might also be causing it. Some examples include:

- Treating pain
- Making sure your child is getting enough sleep
- Eating healthy
- Treating anemia
- Treating depression
- Managing other side effects from chemotherapy

Some things that can help make your child's fatigue better include:

- Regular exercise or physical activity, such as daily walks
- Regular rest periods during the day
- Fewer nighttime sleep disruptions
- Distraction with fun activities

Call the clinic or your child's doctor if fatigue does not get better even after trying ways to increase your child's activity and treating possible causes.

# How do I contact the Oncology Clinic and what do I do when the clinic is closed?

Contact the Primary Children's Oncology Clinic at 801-662-4700 on Monday through Friday from 8:00 AM to 4:30 PM

Other hours, call the hospital operator at 801-662-1000. Ask to speak with the oncologist on call.

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