

Patients with Cancer

Treatment and Transport Considerations for Patients with Cancer

In EMS, we deal with patients from all different populations. One of these populations is the patient with cancer. You are more likely to be responded for a “bleeding emergency” or a “respiratory emergency” rather than “a patient with cancer,” but cancer-related emergencies can and do happen. These emergencies may involve the disease itself, or may be related to the side effects of treatment.

Patient history, side effects, and care

- Specific questions to ask a patient with cancer:
 - When were you diagnosed?
 - What type or types of cancer have been identified?
 - Are you currently in treatment?
 - What and when was the last treatment?
 - Who is your oncologist and where does he or she practice?
- General side effects of treatment include (but not limited to):
 - Anemia, constipation/diarrhea, edema, fatigue, nausea/vomiting, pain, bleeding, and infection.
- Most care will be supportive and directed towards the specific symptoms.
 - Remember that patients may have developed a tolerance for certain treatments such as pain medication and anti-emetics.
 - Contact medical control for guidance in selecting specific medications and dosages.
- Acute care for emergencies (i.e. cardiac tamponade, pleural effusion, spinal cord compression, cardiac arrest, etc.) are handled the same as with patients without cancer.
- Remember to ask about advanced directives and if the patient is receiving Home Care or Hospice.
- Expect lab values to be abnormal secondary to cancer treatment and side effects (i.e. WBCs, platelets, hematocrit, hemoglobin, electrolytes, etc.).

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Treatment and Transport Considerations for Patients with Cancer (continued)

- Immunosuppression, infection, and sepsis:
 - Partial or complete suppression of the immune response can be due to the malignancy and/or treatment, which puts the patient at risk for infection or sepsis.
 - Infections are a major cause of morbidity and mortality.
 - Strict infection control measures are essential.
 - Use sterile, single use items, or thoroughly disinfect prior to use (stethoscope, cots/buckles, blood pressure cuffs, or anything that touches the patient).
 - Use a mask on the patient, providers, or both to reduce the risk of air-borne transmission.
 - Maintain excellent hand hygiene and standard precautions.
- Bleeding and thrombosis:
 - Patients may have reduced platelets and/or an altered clotting process due to either the progression of the disease and/or treatment. For this reason, extreme caution should be taken when caring for cancer patients by handling them gently and avoiding additional injury (i.e. loading/unloading, safe transport, etc.).
 - This is more common with hematological cancers, such as leukemia and lymphoma.
 - S/S may be obvious, such as epistaxis, hematemesis, or frank bleeding from or around implanted devices (i.e. vascular access ports).
 - In addition, look for things such as petechial, ecchymosis, and bruising to indicate bleeding problems.

For more information, visit:

<http://www.emsworld.com/article/11653565/response-to-the-cancer-patient>

<http://www.cancer.gov>

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