NHS
The Christie
NHS Foundation Trust

Management of Patients Following Radiotherapy for Spinal Cord Compression

This form should be added to the patient notes for reference in on-going management

Patient Name: **Christie Hospital Number:** **NHS Number:** **Date of Birth:** *(Addressograph Label)*	Christie Consultant:	
	Patient reviewed by:	
	Primary Diagnosis:	

Pre – radiotherapy Patient Triage – Radiotherapy has been decided as the treatment of choice due to: *(Please Tick)*

	Poor patient prognosis / High risk of surgery		Patient declined surgical opinion
	Spinal team advised not for surgery following consultation		

Prognosis – Estimated cancer specific survival (Please complete below)	**Patient is aware? (Tick)**
…………………………………………………………………………………	☐

1. Treatment details *(Radiotherapy prescription)*

A total dose of ………...Gray in ………… treatment/s has been delivered to ……………………………………………..

…………………………………………… Treatment start date: ……………… Planned completion date: ………………

2. Information Prescription - The patient has been provided with: *(Tick as appropriate)*

	Copy of radiotherapy consent form		Spinal Cord Compression information leaflet

3. Side effects - These side effects may present over the next 10–14 days, before resolving: *(Tick as appropriate)*

	Increase in pain in treated area		Increase in bladder frequency		Sore throat
	Skin redness / itchiness in treated area		Nausea / Vomiting		Difficult/painful swallowing
	Loose stool / Increased bowel frequency		Oral Mucositis		Fatigue

4. Patient Management – During initial post treatment period (2 – 3 weeks): *(Tick as appropriate)*

	Review / optimise analgesia		Steroid reduction – Monitor reduction as per guidance *
	Review need for anti – emetics		Use emollient in treated area to moisturise skin
✓	Refer to Acute Oncology / Palliative Care Team	✓	Refer to physiotherapy for rehabilitation/mobilisation
	Additional information:		

5. Spinal stability - Consultation with radiology and physiotherapy teams will guide clinical decision on spinal stability. Decisions must be documented in patient notes prior to patient mobilisation. Spinal stability guidelines are available. *

Oncological opinion on stability (Please circle)	Spine Stable	Spine unstable	Follow local assessment guidance

6. Moving / Handling Assessment – Mobility status at radiotherapy visit *(Please Tick)*

	Flat bed rest with log-rolling		Ambulatory with supervision and/or assistance
	Inclined bed rest		Self propelling chair
	Transfers with supervision and/or assistance		Independent ambulation

7. Follow-up *(Please complete details below)*

………………………………………………………………………………… ☐ No Christie follow-up required

8. Problems / Concerns

The Christie Hotline (AOMS) can provide advice and support. Contact us 24 hours a day on 0161 446 3658.

* Guidance on local contacts, steroid reduction and spinal stability can be found at: www.christie.nhs.uk/mscc

Signed: ……………………………………… **Print:** ……………………………………… **Bleep:** ……………..

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