

Fever, infection and side effects while on chemotherapy

While you are on chemotherapy, you are at risk for a serious infection. This is due to a decrease in your white blood cells (neutropenia). You will also have a decrease in your red blood cells and platelets, which can cause health problems.

Take your temperature

A temperature of 38.3°C (101°F) or 2 readings of 38°C or more within 1 hour are a fever and should not be ignored.

- Take your temperature once a day.
- Take your temperature any time you are not feeling well.
- If you have a fever, call your health care team right away.

Know the signs of infection that include:

- ✓ a temperature of 38.3°C (101°F) or 2 readings of 38°C or more
- ✓ chills/shaking or feeling unwell; with or without a fever
- ✓ a cough with coloured phlegm or sputum
- ✓ red inflamed skin
- ✓ constant diarrhea
- ✓ increased shortness of breath
- ✓ pain or burning with urination
- ✓ sore throat



If you have any of these signs, immediately call your health care team or, if after hours, call CareChart (1-877-681-3057) or go to the Emergency Department. **Do not wait.**

If you go to Emergency, tell the staff that you are on chemotherapy.

Do not take Tylenol, Aspirin, Ibuprofen or anti-inflammatory medications. They may cause bleeding and may hide a fever.

Other possible side effects

- shingles: pain, blisters, a skin rash that may look like chicken pox
- unusual bleeding
- tiredness
- nausea
- constipation
- hair loss
- mood swings, irritability
- difficulty sleeping
- numbness and tingling in your fingers or toes

What you can do

- Take your anti-nausea medication as directed.
- Use your laxatives as needed. **Do not use a suppository or enema.**
- Eat and drink well (at least 2 to 3 litres of non-caffeinated beverages a day).
- Keep your mouth clean (use a gentle, soft toothbrush).
- Keep your skin clean (use mild soap, warm water, pat dry).

Please call your health care team if any side effects seem unexpected or extreme.

Contact information

Health Care Team:

- Doctor: _____
 - Nurse: _____
 - Pharmacy: _____
 - Phone: _____ Fax: _____
- Phone: _____