

ALGORITHM

Xerostomia in Adults with Cancer: Screening and Assessment

Screen for xerostomia at each visit

Assessment using Acronym O, P, Q, R, S, T, U and V (adapted from BCCA)

Onset	When did the symptom begin? How long have you had it?
Provoking / Palliating	What makes it better? What makes it worse? What do you think may be causing the symptom? What are the aggravating or alleviating factors (e.g., medications, active treatment, dietary changes)?
Quality	What is the amount or consistency of saliva? Do you have any redness, blisters, ulcers, cracks, or white patchy areas? If so, are they isolated, generalized, clustered or patchy?
Related Symptoms	Do you have any other related or associated symptoms? (e.g., pain)
Severity	What is the intensity of this symptom (On a scale of 0 to 10 with 0 being none and 10 being worst possible)? Right Now? At Best? At Worst? On Average?
Treatment	Fluid intake? Are you using any oral rinses? What type? Are they effective? Are you using any saliva substitutes or stimulants? What type? Are they effective? <i>If associated pain in mouth:</i> Are you using any pain medications? What type – topical/local, oral/injection? Are they effective? Are there any other treatments that you are using to help with pain? Alteration in diet texture? <i>If associated bleeding from mouth:</i> Does it occur spontaneously? Where is it located? What aggravates it? What treatments have been recommended and have been used? <i>What is your current oral care routine?</i> How effective is it? Have you had oral infections? What treatments have you used? How effective have they been? Do you have any side effects from the medications/treatments you have used for any of the above? What tests have you had for your oral symptoms, if any?
Understanding / Impact on You	How bothered are you by this symptom? Is your ability to eat or drink affected? By how much? Are you having difficulty swallowing or chewing? Is it for solids and/or liquids? Do you have any weight loss? How much? Over what time frame? Do you have taste changes (dysgeusia)? Do you have difficulty speaking? Are you able to wear dentures? How does this symptom affect your day to day life?
Values	What is an acceptable level of severity for this symptom (0 – 10 scale)? What does this symptom mean to you? How has it affected you and your family and/or caregiver?

Note: Where a patient is not able to complete an assessment by self-reporting, then the health professional and/or the caregiver may act as a surrogate. Physical assessment should include vital signs and an oral examination including a dental assessment.

Considerations for all patients

- Significant risk factors for the development of oral complications include the type of cancer, type of cancer treatments, cumulative doses of chemotherapy or radiation treatment, method of delivery and duration of treatment.
- Predisposing medical, dental, and lifestyle factors may increase the severity of the complications.
- Oral complications can significantly affect the patient's morbidity, ability to tolerate treatment, and overall quality of life.
- Rigorous assessment, diagnosis and early intervention are important in preventing and decreasing oral complications; this includes the assessment of nutritional status and adequacy of oral intake.
- Good oral care is important to prevent and decrease oral complications, to maintain normal function of the oral tissues, to maintain comfort, and to reduce the risk of local and systemic infection. (See [Table 5 in Oral Care Guide](#) for the basic oral care plan).
- A large variety of medications may cause oral complications. Consultation with a pharmacist is strongly recommended.

Xerostomia in Adults with Cancer: Care Map

