

Daily Schedule for Side Effects From Radiation Therapy to the Head and Neck

The activities listed below will help you relieve the side effects of radiation therapy to the head and neck area. Use the suggestions every day until the side effects go away.

Mouth Care

- Use a mouth rinse. Mix one-half teaspoon salt and one-half teaspoon baking soda with one quart warm water. Rinse during the day until the solution is gone.
- Use the Biotene® mouth products as needed for comfort.
- Apply Aquaphor® Healing Ointment to your lips as needed for comfort.

Diet/Hydration

- Drink eight 8-ounce glasses of liquids. (You may count nutritional supplements.) Do not drink alcohol and limit beverages that contain caffeine.
- Eat small amounts of food every 2 hours while you are awake.

Mouth Exercise

- Exercise your mouth by opening it as wide as you can and slide your jaw side-to-side five times.
- You may chew Biotene® Dry Mouth Gum.
- If you are working with a speech or physical therapist, follow his or her directions.

Skin Care

- Apply cream to your treatment area 4 to 5 times a day.

Radiation Therapy

If you have any questions or concerns, please call one of the radiation oncology nurses Monday through Friday, 7:30 a.m. to 4:30 p.m..

Minneapolis: 612-863-4060

St. Paul: 651-241-7800

After hours, you may leave a message or you will be given instructions if you need to speak with a radiation oncologist.

Bowel Movements

Keep track of when you have bowel movements. Prescription pain medicine can cause constipation. Tell your nurse if you do not have a bowel movement for 2 days.

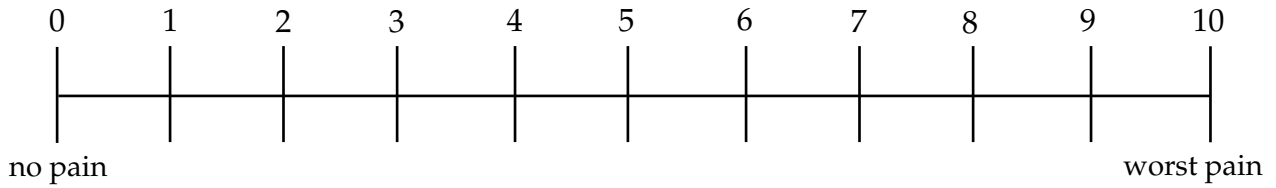
Pain

On the other side of this fact sheet, write down where you have pain and describe how it feels. Bring this information with you to your next appointment so you can tell your therapist, nurse or doctor. Please write down when you take medicine.

If you are having severe side effects and they are not controlled with your current medicines, please call a nurse as early in the day as possible. You may be asked to come in for an exam.

(over)

Pain Scale and Log



Date	Time	How severe is the pain?	Medicine or non-medicine pain control	How severe is the pain after one hour?	Activity at time of pain