



ONCOLOGICAL EMERGENCIES

Oncological Emergency	Exercise consideration
Spinal Cord Compression	<p>Presents as:</p> <ul style="list-style-type: none"> • Localized back pain, primarily in thoracic region • Pain escalating with lying supine, at night • Muscle weakness below area of spinal involvement <p>Management Recommendation:</p> <ul style="list-style-type: none"> • Early identification • Routine pain assessment • Low threshold for escalation for medical management especially in setting of sudden neurological changes (e.g. strength, loss of bladder/bowel control)
Malignant pericardial effusion	<p>Presents as:</p> <ul style="list-style-type: none"> • Dyspnoea, cyanosis, engorged neck veins, orthopnea, congested cough, fatigue, palpitations, drop in systolic blood pressure of >10mmHg during inspiration • Hypotensive, tachycardic, narrow pulse pressure, diaphoretic <p>Management Recommendation:</p> <ul style="list-style-type: none"> • Frequent assessment of heart rate, oxygen saturation and haemodynamic status • Assessment of skin colour and temperature, capillary refill and peripheral pulses • Monitor mental status changes
Superior vena cava syndrome	<p>Presents as:</p> <ul style="list-style-type: none"> • Swelling in upper body, face, neck • Jugular vein distention • Dyspnoea, dry cough, tachycardia, hypotension, cyanosis, cough, tachypnoea, dyspnea • Confusion, headache, visual changes <p>Management Recommendation:</p> <ul style="list-style-type: none"> • Heart rate response to activity may be impaired

	<ul style="list-style-type: none"> • Use Rate of Perceived Exertion (RPE) scale as a more sensitive measure during activity • Heart rate • Symptom recognition and observation of change over time to support differential diagnosis
Hypercalcaemia	<p>Presents as:</p> <ul style="list-style-type: none"> • Constipation, lethargy, fatigue, bone pain, abdominal pain, polyuria, muscle weakness, confusion, delirium <p>Management Recommendation:</p> <ul style="list-style-type: none"> • Weight bearing activities along with general aerobic conditioning • If severe, patient will be medically unresponsive and inappropriate for participation in exercise • Consider assistive devices for safety with ambulation • Assess mental status changes and impact on safety judgement
Tumor lysis syndrome	<p>Presents as:</p> <ul style="list-style-type: none"> • Weakness, fatigue, lethargy, arthralgia • Typical onset: 6-72 hours after chemotherapy delivery <p>Management Recommendation:</p> <ul style="list-style-type: none"> • Closely monitor changes to weakness, muscle cramping, dysrhythmias, dyspnea, central nervous system changes, and irregular heart rhythms
Neutropenic fever	<p>Presents as:</p> <ul style="list-style-type: none"> • Presence over fever >38 deg celcius <p>Management Recommendation:</p> <ul style="list-style-type: none"> • Rehabilitation not contraindicated • Ensure regular cleaning of equipment and hands • Avoid group exercise as required
Venothrombotic events	<p>Presents as:</p> <ul style="list-style-type: none"> • DVT presenting with swelling in the extremity, redness and extreme tenderness • Pulmonary embolism presenting with dyspnea,

	<p>tachycardia, crackles, haemoptysis, chest pain, tachypnea and anxiety</p> <p>Management Recommendation:</p> <ul style="list-style-type: none">• Cease exercise immediately and seek urgent medical intervention• Monitor pharmacological interventions that may be altering the patient's platelet activity and clotting• Monitor for the above symptoms with low threshold for escalation of care
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Reference:

Maltser S, Cristian A, Silver JK, Morris GS, Stout NL. A Focused Review of Safety Considerations in Cancer Rehabilitation. PM R, 2017, Sep;9(9) :S415-S428