Mucositis was defined by Sonis (1993) as inflammation of the mucous membranes. Oral mucosal cells, which replicate quickly, are affected early in chemotherapy or radiotherapy treatments. Moreover, as cell replication becomes inhibited by chemotherapy and radiation therapy, the oral mucosa becomes thin and inflamed, resulting in mucositis (Coleman, 1995). Therefore, mucositis can be understood as the inflammatory reaction and ulcerative lesions of the mouth and oropharynx that occur secondary to radiotherapy and certain chemotherapy agents (Shih, Miaskowski, Dodd, Stotts, & MacPhail, 2003). Tissue destruction and functional alterations in the oral cavity are inevitable outcomes of radiotherapy in patients with head and neck cancer (Shih et al.). Some literature suggests that patients undergoing treatment for head and neck cancer experience decreased quality of life. Quality of life means different things to different patients. For the purpose of this article, the definition of quality of life is the overall status of a combination of factors: a person’s health, symptoms, and level of physical and social functioning. If an illness and its treatment have a negative impact on a person’s sense of well-being and ability to perform daily activities, then quality of life may be poor (CV Therapeutics, Inc., 2005).

Patients with head and neck cancer may have difficulty chewing, swallowing, eating, drinking, and talking because of pain and inflammation of the oral mucosa and esophagus (Cawley & Benson, 2005). If untreated, the debilitating symptoms cause alterations in nutrition, which, if severe enough, can lead to interruptions in treatment. Relief of symptoms is extremely important to patients. By continually assessing patient coping factors and symptoms as well as educating patients about preventing mucositis, nurses can forestall many significant complications (Dahlin, 2004).