Nurses from radiation oncology, ambulatory infusion, and inpatient oncology units perceived an increase in skin toxicities in patients receiving chemoradiation within their respective clinical settings. The group formed a skin care task force (SCTF) and was joined by a nurse practitioner from the ambulatory burn clinic who had previously consulted on patients with treatment-related toxicities. The SCTF’s preliminary work identified several areas for improvement. Nurses were using a variety of tools from the Radiation Therapy Oncology Group (RTOG) and National Cancer Institute (NCI), as well as descriptive documentation, to measure and describe grades of toxicity, including the RTOG skin toxicity tool and the NCI’s Common Terminology Criteria for Adverse Events (CTCAE), version 3.0.

No standard skin care regimen was used to minimize or prevent treatment-related skin toxicities. This resulted in inconsistent management and prevention of treatment-related skin toxicities. The SCTF also surveyed staff regarding the wide range of skin care products used and found that the products varied in cost, availability, and evidence of efficacy.

To address these problems, the SCTF proposed using a standardized tool (see Figure 1) that would promote consistent skin toxicity grading across settings, implement an algorithm for management of skin toxicities to establish guidelines, and encourage consistent skin care across settings. In addition, an evidence-based literature review was conducted to determine best practice. The literature review revealed insufficient and inconclusive evidence supporting use of specific products;