



## Appendix B: Possible Investigations and Interventions

Reason for Investigation	Investigation	Possible Interventions
Reversible causes of bone pain	Bone scan (for metastases)	Radiotherapy, bisphosphonates
	X-ray/CT spine (for compression fracture)	Cementoplasty
Reversible causes of dyspnea	Chest x-ray (for pleural effusion)	Thoracentesis, pleurodesis
	CT pulmonary angiogram or V/Q scan (for pulmonary embolism)	Anticoagulation
	Pulmonary function testing	Bronchodilators
	Pulse oximetry, Arterial blood gases	Supplemental O <sub>2</sub> if hypoxic
	CBC & diff, BNP	Treat infection, anemia, CHF if present
Reversible causes of confusion	Calcium (ionized) (for hypercalcemia)	Hydration, bisphosphonates, calcitonin
	Electrolytes (for hyponatremia)	—
	eGFR (for renal failure)	Hydration, ureteric stents
	CBC & diff/cultures (for sepsis)	Treatment of sepsis or infection
	CT head (for cerebral metastases)	Dexamethasone, radiotherapy
	KUB x-ray (for fecal loading)	Aggressive bowel protocol
	Bladder scan or in/out catheterization	Urinary catheterization
Reversible causes of fatigue	Hemoglobin (for anemia)	RBC transfusion
	Potassium (for hypokalemia)	Potassium supplementation
	eGFR, liver function tests (for renal or hepatic dysfunction)	
Reversible causes of jaundice	CT abdomen (for common bile duct obstruction)	Common bile duct stent
Reversible causes of nausea and vomiting	eGFR (for pre-renal failure)	Hydration
	3 views of abdomen (bowel obstruction)	Stent, venting gastrostomy, medical treatment of small bowel obstruction, bowel protocol
Obvious or suspected malignant ascites	Ultrasound	Diagnostic/therapeutic paracentesis
	Albumin, eGFR, liver function tests	Spirolactone/furosemide*

\* In patients with malignant ascites, prompt use of paracentesis is necessary for diagnostic and therapeutic purposes. Diuretics are of limited utility and are not recommended in patients with malignant ascites, unless there is a known component of portal hypertension. Diuretic use in malignant ascites can cause volume depletion, renal impairment and electrolyte imbalance.<sup>1</sup>

1. Kipps E, Tan DS, Kaye SB. Meeting the challenge of ascites in ovarian cancer: new avenues for therapy and research. *Nat Rev Cancer*. 2013 Apr;13(4):273-82.