

Head and Neck Radiation Self-Care Summary and Checklist

Carefully follow the guidelines below

Mouth Care	Skin Care	Jaw and Neck Exercises
<ul style="list-style-type: none"> ● Avoid anything that may irritate your mouth, such as: <ul style="list-style-type: none"> – Spicy, acidic or sharp-edged foods, like chips – Alcoholic beverages – Brand name mouthwashes that contain alcohol ● To help prevent infections inside your mouth, rinse with a baking soda solution before and after meals. Rinse at least 4 to 6 times per day. Mix together 1 teaspoon soda and 16 ounces of warm water. ● If you need fluoride treatment, your doctor will discuss this with you. Use your fluoride treatment (trays or fluoride toothpaste) for 10 minutes each day as directed by your dentist. 	<ul style="list-style-type: none"> ● Avoid anything that may irritate your skin in the treated area, such as perfume or cologne and products with alcohol. ● To prevent infection, it is important to wash your hands well before and after doing any skin care. ● Apply moisturizer to the treated skin as instructed by your care team. Use only a small amount. Beginning day 1 of treatment, apply the moisturizer 3 to 5 times per day, or as often as needed to prevent drying or scales on the skin. 	<ul style="list-style-type: none"> ● Stretching the jaw and neck helps prevent scar tissue that can cause stiffness or limited movement. Do the exercises at least 3 to 4 times per day. ● If advised by your speech therapist, do your swallowing exercises at least 4 times per day. Continue to swallow liquids and small amounts of solid food as you are able, even if you have a feeding tube.

Patient Education



Week Number	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Moisturizer Apply to skin 3 to 5 times per day.	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Baking Soda Rinse Mix 1-teaspoon baking soda with 16 oz of warm water. Rinse 5 to 6 times per day.	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night
Other Rinses as Needed	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Exercises Do your jaw and neck exercises 4 to 5 times per day.	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night
Fluoride If advised, use a fluoride treatment every day for 10 minutes. Do not eat or drink afterwards for 30 minutes.	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily
Bowel Movement	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Daily