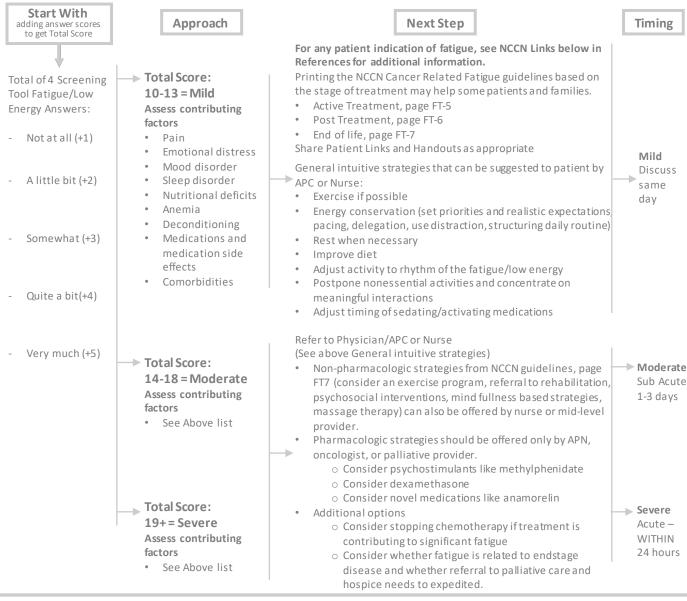
## Clinician Follow Up Reference for Supportive Care Fatigue/Low Energy –

All Scores



## Notes

Stages I-III: Focus on FT-5 and FT-6 in NCCN guideline; evaluate whether or fatigue is secondary to chemotherapy or it is post-treatment related fatigue.

Stage IV: Focus on FT-7 in NCCN guideline with a lower threshold to more quickly incorporate pharmacologic solutions into therapy, however other solutions like physical medicine may be helpful but may take longer to realize benefit. Referral to palliative care may be appropriate. Please consider whether significant fatigue is related to a change in performance status from disease progression and whether this significant fatigue could indicate a change in management and goals of care.

Geriatric: Fatigue more common in this population. Anemia, depression and deconditioning can be fatigue factors. If over 75 years of a ge, issues of cognition and dementia may present themselves as fatigue.

Patients 65 - 74 give Mini-Cog<sup>TM</sup> screen if patient is depressed, has anxiety or fatigue of any level Patients 75 and over, screen with Mini-Cog<sup>TM</sup> If any patient fails Mini-Cog<sup>TM</sup>, DO NOT have patient complete any screening for distress without the health care proxy present.

## **Patient Links and Handouts:**

- American Cancer Society, Fatigue and Weakness
- > NIH. Fatigue (PDO®)-Patient Version

CSOC Patient Handout can be accessed at: http://cancer-help.me/fatique

## References:

> NIH, Fatigue (PDO®) Health Professional Version

