

Clinician Follow Up Reference for Supportive Care

Fatigue/Low Energy –

All Scores

Start With adding answer scores to get Total Score	Approach	Next Step	Timing
<p>Total of 4 Screening Tool Fatigue/Low Energy Answers:</p> <ul style="list-style-type: none"> - Not at all (+1) - A little bit (+2) - Somewhat (+3) - Quite a bit(+4) - Very much (+5) 	<p>→ Total Score: 10-13 = Mild Assess contributing factors</p> <ul style="list-style-type: none"> • Pain • Emotional distress • Mood disorder • Sleep disorder • Nutritional deficits • Anemia • Deconditioning • Medications and medication side effects • Comorbidities 	<p>For any patient indication of fatigue, see NCCN Links below in References for additional information.</p> <p>Printing the NCCN Cancer Related Fatigue guidelines based on the stage of treatment may help some patients and families.</p> <ul style="list-style-type: none"> • Active Treatment, page FT-5 • Post Treatment, page FT-6 • End of life, page FT-7 <p>Share Patient Links and Handouts as appropriate</p> <p>General intuitive strategies that can be suggested to patient by APC or Nurse:</p> <ul style="list-style-type: none"> • Exercise if possible • Energy conservation (set priorities and realistic expectations, pacing, delegation, use distraction, structuring daily routine) • Rest when necessary • Improve diet • Adjust activity to rhythm of the fatigue/low energy • Postpone nonessential activities and concentrate on meaningful interactions • Adjust timing of sedating/activating medications 	<p>→ Mild Discuss same day</p>
	<p>→ Total Score: 14-18 = Moderate Assess contributing factors</p> <ul style="list-style-type: none"> • See Above list 	<p>Refer to Physician/APC or Nurse (See above General intuitive strategies)</p> <ul style="list-style-type: none"> • Non-pharmacologic strategies from NCCN guidelines, page FT7 (consider an exercise program, referral to rehabilitation, psychosocial interventions, mind fullness based strategies, massage therapy) can also be offered by nurse or mid-level provider. • Pharmacologic strategies should be offered only by APN, oncologist, or palliative provider. <ul style="list-style-type: none"> ○ Consider psychostimulants like methylphenidate ○ Consider dexamethasone ○ Consider novel medications like anamorelin 	<p>→ Moderate Sub Acute 1-3 days</p>
	<p>→ Total Score: 19+ = Severe Assess contributing factors</p> <ul style="list-style-type: none"> • See Above list 	<ul style="list-style-type: none"> • Additional options <ul style="list-style-type: none"> ○ Consider stopping chemotherapy if treatment is contributing to significant fatigue ○ Consider whether fatigue is related to endstage disease and whether referral to palliative care and hospice needs to expedited. 	<p>→ Severe Acute – WITHIN 24 hours</p>

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™ screen if patient is depressed, has anxiety or fatigue of any level Patients 75 and over, screen with Mini-Cog™ If any patient fails Mini-Cog™, 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/fatigue>

References:

- [NIH, Fatigue \(PDO®\) Health Professional Version](#)