



## 5. Guidelines and Standards

- Mock, V., Atkinson, A., Barsevick, A., Cella, D., Cimprich, B., Cleeland, C., et al. (2000). NCCN practice guidelines for cancer-related fatigue. *Oncology*, 14(11A), 151–161. [NCCN Practice Guidelines for Cancer-Related Fatigue](#)
- Oncology Nursing Society. (2001). *Chemotherapy and biotherapy: Guidelines and recommendations for practice*. Pittsburgh, PA: Author.
- Oncology Nursing Society. (1998). *Manual for radiation oncology nursing practice and education*. Pittsburgh, PA: Author.
- Rizzo, J.D., Lichtin, A.E., Woolf, S.H., Seidenfeld, J., Bennett, C.L., Cella, D., et al. (2002). Use of epoetin in patients with cancer: Evidence-based clinical practice guidelines of the American Society of Clinical Oncology and the American Society of Hematology. *Blood*, 100, 2303–2320. 2. [Use of epoetin in patients with cancer: evidence-based clinical practice guidelines of the American Society of Clinical Oncology and the American Society of Hematology.](#)
- Systematic Treatment Disease Site Group. (2003). The role of erythropoietin in the management of cancer patients with non-hematologic malignancies receiving chemotherapy [Practice guideline 12-1]. Toronto: Cancer Care Ontario.. [The role of erythropoietin in the management of cancer patients with non-hematologic malignancies receiving chemotherapy.](#)

The following guideline is from *Chemotherapy and Biotherapy Guidelines and Recommendations for Practice* (pp. 226), by K.A. Brown, P. Esper, L.O. Kelleher, J.E. O'Neill, M. Polovich, & J.M. White (Eds.), 2001, Pittsburgh, PA: Oncology Nursing Society. Copyright 2001 by the Oncology Nursing Society.

### Fatigue

#### *Monitoring Parameter(s)*

- Perform subjective and objective assessment of patient's ability to participate in activities of daily living (performance status).
- Monitor for presence and degree of immobility, sensory deprivation, and depression. Monitor for physical signs or symptoms of concurrent health problem(s) (e.g., anemia).

#### *Intervention(s)*

- Help the patient employ energy-conservation strategies, including priority setting.
- Help the patient maintain an appropriate level of physical activity.
- Provide optimal fluid intake and nutrition.
- Control pain.
- Correct anemia if it is present.

#### *Comment(s)*

- Medications used to alleviate concurrent symptoms (e.g., antiemetics, narcotics) may compound fatigue.



The following guideline is from *Manual for Radiation Oncology Nursing Practice and Education* (2nd ed.) (p. 79), by D.W. Bruner, T.K. Gosselin-Acomb, & M. Haas (Eds.), Pittsburgh, PA: Oncology Nursing Society. Copyright 1998 by the Oncology Nursing Society.

## **Fatigue**

Incidence: An estimated 72%–99% of all patients with cancer experience fatigue

Collaborative Management:

- Teach the patient that fatigue is an expected side effect of radiation therapy (RT). This is the most important intervention; otherwise, the patient may fear that fatigue is a sign of tumor progression.
- Instruct the patient on high-calorie/high-protein diet to maintain proper nutritional intake.
- Instruct the patient to maintain adequate fluid intake to promote waste elimination from body and prevent dehydration.
- Instruct the patient to watch for and report signs and symptoms of infection.
- Ensure that lab work abnormalities, such as anemia and electrolyte imbalances, are treated accordingly.
- Assist the patient with scheduling of treatment time based on fatigue (e.g., treatment at end of day after work or school).
- Reinforce teaching on specific patient strategies to reduce fatigue as described previously.
- Instruct the patient about the importance of exercise to enhance tolerance of cancer treatments.