**Screening and Assessment - Cancer-Related Fatigue in Adults with Cancer***

Screen for fatigue at entry to system, periodically throughout treatment, post-treatment follow-up and advanced disease.

<table>
<thead>
<tr>
<th>Tiredness or Fatigue Severity Using Numerical Rating Scale (0-10) (i.e. ESASr)</th>
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</thead>
<tbody>
<tr>
<td>MILD FATIGUE ESASr score 1-3</td>
</tr>
<tr>
<td>Minimal fatigue symptoms</td>
</tr>
<tr>
<td>Minimal Interference in self care, daily activity, work</td>
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<tr>
<td>GO TO CARE PATHWAY 1</td>
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<tr>
<td>MODERATE FATIGUE ESASr score 4-6</td>
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<tr>
<td>Go to Care Pathway 2</td>
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<tr>
<td>SEVERE FATIGUE ESASr score 7-10</td>
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<tr>
<td>Go to Pathway 3</td>
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</tbody>
</table>

- Review Fatigue Severity Scores with Patient (and Family)
- Complete a Focused Assessment of Fatigue
  - O-Onset of Fatigue and Duration (When did fatigue begin); ☐ Acute Onset ☐ Chronic (>3 months)
  - P-Perpetuating or Provoking Factors (What makes fatigue better or worse?)
  - Q-Quality of Fatigue (Describe experience of fatigue in own words; how distressing is fatigue)
  - R-Referral or Radiation (Other symptoms with fatigue? i.e. sleep, depressed mood)
  - S-Severity of Fatigue (use of quantitative fatigue severity scale)
  - T-Treatment (What actions are you taking for fatigue, level of physical activity?)
  - U-Understanding (What do you understand about fatigue and its management?)
  - I-Interference (How is fatigue affecting your activities of daily living? [work, social life, concentration, memory, mood, physical activity levels)
  - V-Value (What is your goal/expectations for this symptom?)

Complete a Comprehensive Assessment of Fatigue (Laboratory Tests and Physical Exam)

- Treatment Complications ☐ anemia ☐ infection ☐ fever
- Nutritional Deficiencies (Caloric intake, weight loss/gain)
- Fluid and electrolyte imbalances [sodium, calcium potassium, magnesium]
- Medications - ☐ opioids ☐ antihistamines ☐ antidepresants ☐ alcohol/recreational drug use
- Comorbid conditions (cardiac, pulmonary, metabolic, endocrine, hepatic or renal insufficiency)
- Other symptoms/side-effects ☐ Pain (see ESASr score ≥ 4 see pain guidelines)
  - Depression (see ESASr score ≥ 4 see depression guidelines)
  - Anxiety (see ESASr score ≥ 4 see anxiety guidelines)
  - Sleep disturbances (see ESASr score ≥ 4 see sleep guidelines)
- Activity level changes ☐ decreased physical activity ☐ decreased exercise pattern

Conduct Physical exam

- Gait ☐ Posture ☐ Range of motion
- Eyes (conjunctival pallor if anemic)
- Oral Assessment ☐ Ochelosis ☐ angular chelitis ☐ angular stomatitis
- Muscle wasting
- Tachycardia ☐ Shortness of breath ☐ at rest ☐ on exertion

***Typical Symptoms of Fatigue:*** Tiredness, disproportionate to recent activity; Impairment of ADLs/ disturbance in quality of life; Diminished concentration or attention; Significant distress or negative mood to feeling fatigued (e.g., sad, frustrated, irritable); Sleep disturbance (insomnia or hypersomnia); Sleep perceived as non-restorative; Decreased motivation or interest in usual activities.

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* - Please see the full guideline for a description of the acronyms used, as well as the copyright and disclaimer prior to use.
1. Use a Valid Scale to Screen for Presence of Fatigue and Level of Severity (i.e. NRS 0-10 such as ESAS; FACT-F; Fatigue Pictogram; Piper Fatigue Scale)
2. The health care team for cancer patients may include surgeons, oncologists, family physicians, nurses, social workers, psychologists, patient navigators, fatigue experts, rehabilitation experts and other health care professionals
3. OPQRSTUV-Acronym = O-Onset; P-Provoking/Palliating; Q-Quality; R-Region or Radiating; S-Severity & Duration; T-Treatment; U-Understanding; V-Values (Fraser Health Guidelines, see reference list)
**Care Map - Cancer-Related Fatigue in Adults with Cancer***

### Mild Fatigue
- Minimal fatigue symptoms
- Able to carry out Activities of Daily Living (ADLs) [self care, homemaking, work, leisure]

### Moderate Fatigue
- Symptoms present and cause moderate to high levels of distress
- Decrease in daily physical activities, some impairment in physical functioning

### Severe Fatigue
- Significant fatigue on a daily basis, excessive need to sit or sleep, severe impairment of ADLs
- Sudden onset of fatigue and/or shortness of breath at rest, rapid heart rate and/or blood loss

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**Prevention and Supportive Care for All**

**Care Pathway 1**
- Urgent management of contributing factors
- Address safety issues (i.e. falls)

**Care Pathway 2**
- Treat contributing factors

**Care Pathway 3**
- Non-Pharmacological Interventions for Moderate to Severe Fatigue
  - Advise patients to engage in moderate intensity of physical activity (e.g. fast walking, cycling, swimming, resistive exercise) during and after cancer treatment unless contraindicated/previous sedentary (30 minutes per day, 5 days per week as tolerated)
  - Psychosocial interventions
    - Psycho-education for self-management of fatigue (individual or group class)
    - Anticipatory guidance about fatigue patterns
    - Energy balancing and coping skills training
    - Coaching in self-management and problem-solving to manage fatigue
  - Optimize sleep quality (see sleep disturbance guidelines)
  - Stress reduction strategies may improve fatigue (yoga, mindfulness programs)
  - Attention restoring therapy may distract from fatigue (reading, games, music, gardening, experience in nature) (Consensus)
  - Advise patient there is insufficient evidence for pharmacological treatment, herbal medicines, or acupuncture

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**Prevention and Supportive Care Interventions for All Patients and Caregivers, as Appropriate**

- **Educate**
  - the difference between normal and cancer related fatigue
  - treatment related fatigue patterns/fluctuations
  - persistence of fatigue post treatment
  - causes (contributing factors) of fatigue
  - consequences of fatigue
  - benefits of physical activity during and post treatment
  - signs and symptoms of worsening fatigue to report to health care professionals

- **Counsel**
  - balance energy conservation with activity as follows:
    - Help patients prioritize and pace activities and delegate less essential activities
    - Balance rest and activities so that prioritized activities are achieved
  - use of distraction such as games, music, reading, socializing

- **Encourage patients to use a treatment log or diary**
  - To monitor levels and patterns of fatigue
  - To help ascertain peak energy periods
  - To help with planning activities

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**Evaluate Effectiveness of Interventions. Monitor changes and reassess as required**


**Figure 1: Quick Reference Algorithm for Screening and Assessment- Cancer-Related Fatigue in Adults with Cancer***