

Cancer-Related Fatigue: Role of Oncology Nurses in Translating National Comprehensive Cancer Network Assessment Guidelines Into Practice

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This article reviews the National Comprehensive Cancer Network's (NCCN's) guidelines for cancer-related fatigue (CRF) assessment and discusses many of the common barriers that hinder the translation of the CRF guidelines into practice settings. Current assessment and measurement scales validated in patients with cancer are highlighted, and case studies reflect the vital roles that oncology nurses can play in managing patients with CRF. Oncology nurses must remember to assess the "gang of 7" (i.e., anemia, pain, sleep difficulties, nutrition issues, deconditioning or changes in activity patterns, emotional distress [depression or anxiety], and presence of comorbidities) that may affect workup, treatment, and supportive care referrals. Teaching patients about the importance of viewing CRF as the "sixth vital sign" can emphasize this symptom's importance and significance. Oncology nurses also can recognize the many patient-, provider- and system-related barriers that exist and work with others in a systematic and collaborative fashion within the system to decrease these barriers and begin to incorporate a simple intensity scale for CRF assessment and screening, documentation, and ongoing monitoring. By using available resources, oncology nurses can play significant roles in the translation of the NCCN's evidence-based practice guidelines for CRF in their practice settings.

Despite the availability of the National Comprehensive Cancer Network's (NCCN's) evidence-based practice guidelines for the assessment and management of cancer-related fatigue (CRF) (Mock, Abernathy, et al., 2007; Mock, Atkinson, et al., 2007), assessment of CRF still is not performed routinely at many institutions and oncology practice settings (Knowles, Borthwick, McNamara, Miller, & Leggot, 2000). Numerous patient-, provider-, and system-related barriers hinder the translation of these guidelines into practice settings by oncology nurses and other healthcare providers. Oncology nurses can play vital roles in removing these barriers and promoting the translation of the guidelines into practice settings to ensure that CRF is routinely assessed, managed, and documented.

Barriers to the Translation of Guidelines Into Practice

Many barriers that hinder the translation of the NCCN guidelines into practice for the assessment and management of CRF

are comparable to patient-, provider-, and system-related barriers to assessing and managing cancer-related pain; inherent similarities exist between these symptoms (National Institutes of Health [NIH], 2002). Each of the barriers is discussed in the following sections.

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