



## PATIENT/FAMILY TEACHING SHEET

### MANAGING FATIGUE

#### What is fatigue?

- Tiredness, exhaustion or lack of energy
- A condition which impacts the ability to perform any activity
- Seen frequently in hospice and palliative care patients
- A complicated symptom which can have many causes
- Sometimes comes with depressed feelings

#### What are the signs that a patient is fatigued?

- Unable to perform your normal activities – every person is different in their normal activity level, “just too tired”
- Not participating in the normal routine
- Lack of appetite – do not have the energy to eat
- Sleepiness
- Not talking
- Depressed

#### What to report to the Hospice/Palliative Care Team?

- Any of the behaviors listed above
- Rank your fatigue using a scale – it helps the team be able to find what works for you and how severe the fatigue is:
  - 0 = **no fatigue** to 10 = **in bed all day**
- What makes the fatigue better or worse
- Spiritual concerns
- Changes in appetite
- Any distressing symptoms that are not controlled
- Have you experienced fatigue before – and if so what made it better

## What can be done to help fatigue?

***Because fatigue is a complex problem, it takes a group of actions to help your symptoms. The team will work with you, your family and your primary care provider to find the causes for the fatigue and discuss treatments.***

### Things you can do

- Gradually increase your activity in order to conserve energy
  - Plan, schedule and prioritize activities at optimal times of the day
  - Have your caregiver help you keep a log of which time of the day seems to be your best time
  - Eliminate or postpone activities that are not your priority
  - Change your position – do not just stay in bed
  - Use sunlight/light source to cue the body to feel energized
  - Try activities that restore your energy
  - Allow caregivers to assist you with all daily activities such as eating, moving or bathing, plan activities ahead of time
  - Encourage your family to be accepting of your new energy pace
- Rest and sleep better
  - Listen to your body – rest as needed
  - Establish and continue a regular bedtime and awakening
  - Avoid interrupted sleep time to get continuous hours of sleep
  - Plan rest times or naps during the day during late morning and mid afternoon
  - Avoid sleeping later in the afternoon, it may interrupt your night time sleep
  - Ask if using oxygen when you sleep will help you to sleep better
- Increase food intake
  - Try nutritious, high protein, nutrient dense food
  - Small frequent meals
  - Add protein supplements to foods or drinks
  - Frequent mouth care (before and after meals)
  - Ask about possible use of medications to stimulate your appetite
- Tell your team about any distressing symptoms that are not in

control

- Ask your team about treatments for depression

Other HPNA Patient / Family Teaching Sheets are available at [www.hpna.org](http://www.hpna.org).

**Reference**

***Core Curriculum for the Generalist Hospice and Palliative Nurse*. Dubuque, IA: Kendall/Hunt Publishing Company; 2005.**

**Approved by the HPNA Education Committee August 2008.**