



# Fatigue in the Acute Care and Ambulatory Setting



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Received 6 February 2013; revised 18 November 2013; accepted 12 February 2014

## Key words:

Fatigue;  
Children;  
Inpatient;  
Outpatient

Nurses commonly assess their patients for symptoms and intervene to ease any patient distress, yet children are seldom asked about feeling fatigued. The existing pediatric literature suggests that fatigue goes unrecognized and therefore untreated in children, particularly children experiencing stressful events, such as illness and/or hospitalization. In an effort to better understand the presence of the symptom in our environment we conducted a program specific point prevalence survey. Data were collected on nine inpatient and 11 outpatient units of a university affiliated tertiary care children's hospital. Overall, this sample reported higher levels of fatigue than published data from their healthy and chronically ill peers by total fatigue score and sub scores. This brief description of the symptom in our inpatient and ambulatory settings has provided information that will inform our nursing practice and drive future research.

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DESPITE EARLY REFERENCES to fatigue in children, (Irving, 1927; Lamont, 1937; Still, 1935) the symptom remains infrequently discussed and poorly understood. In his 1937 report on fatigue Lamont begins by stating “This subject has not been given the attention it deserves” (p. 47), a statement that may ring true today. In their separate work, Still and Lamont begin a dialog that describes fatigue as a symptom in children from toddlerhood to adolescence, each identifies fatigue as a problem in children with and without disease (Lamont, 1937; Still, 1935). The relationship between fatigue and sleep is identified. Today, national and international public health surveys of tiredness/fatigue in community dwelling adolescents suggest they experience tiredness at a rate that deserves attention from healthcare professionals. Data from the National Longitudinal Study of Adolescent Health shows general prevalence of fatigue in

“healthy” US children to be 21%–42%, a concerning statistic (U.S. Department of Health and Human Services, 2003). The combination of our poor understanding of the physiologic mechanism of fatigue, the scant description of the symptom in the pediatric literature, and lack of clinically useful measures to assess fatigue in children have impacted nurses' knowledge and awareness of the symptom in the pediatric population. The existing pediatric literature suggests that fatigue goes unrecognized and therefore, untreated in children, particularly children experiencing stressful events, such as illness and/or hospitalization. In an effort to better understand the presence of the symptom in our environment we conducted a program specific point prevalence survey.

In adults fatigue is known to be a subjective multi-dimensional symptom, occurring in acute and chronic forms in populations with physical or psychological conditions. Fatigue has been identified as a common symptom in children with cancer, HIV, and rheumatoid disease. In children, fatigue has been defined as a

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**Table 1** Sample characteristics.

Gender	Male	154		
	Female	200		
Age	Range	Median	Mean	
	5–26 y	14 y	13.8 y	
Status	Inpatient	163		
	Outpatient	191		
Diagnosis	Chronic	223		
	Acute/None	131		

subjective experience of tiredness or exhaustion that is multidimensional and includes physical, cognitive, and emotional aspects (McCabe, 2009). Nurses commonly assess for symptoms their patients may be experiencing and intervene to ease any patient distress, yet children are seldom asked about feeling fatigued.

The symptom of fatigue is central to several current and recent initiatives supported by the National Institutes of Health. However, few published reports describe the phenomena in the pediatric health care setting. Because fatigue is the most common side effect of cancer treatment, the literature focusing on children with cancer seems to provide the greatest insight into the phenomenon (Baggott, Dodd, Kennedy, Marina, & Miaskowski, 2009). Despite a growing national focus on the symptom, fatigue likely goes under-reported in pediatric patients. As part of an ongoing effort to provide high quality nursing care we determined it was important to assess patients’ in our outpatient and inpatient environment for the symptom of fatigue. Our aim was to better understand the prevalence of fatigue in the patients we care for.

**Methodology**

As part of an academic program of research, a point prevalence audit of the symptom was conducted on 4 days, 1 day each quarter of December 2009 (n = 80), March 2010 (n = 111), June 2010 (n = 106), and September 2010 (n = 57). All units considered part of the inpatient medicine program were included. Data were collected on nine inpatient and 11 outpatient units of a university affiliated tertiary care children’s hospital.

All patients listed on the 9 a.m. census or with an ambulatory appointment scheduled between 8 a.m. and 4 p.m., who were 5 to 24 years old, English or Spanish speaking and able to self report were considered eligible. Trained data collectors identified patients eligible to participate in each patient care area. Patients who were unavailable due to patient care activities or off of the patient care unit at time of data collection were not included in the sample. Data collectors documented patient location,

age and race/ethnicity data consistent with our institutional data collection policies at the time of the audit. The staff nurses informed the patients and parents that the audit was taking place. An informational letter in English or Spanish was given to the families. All families were informed that the audit was voluntary. Patients whose parent gave verbal permission completed the survey packet. All data were de-identified. This survey was initiated in an effort to inform and improve program specific patient care; it was not considered research and did not require review by the committee on clinical investigation.

**Survey Tool**

The survey tool was composed of two published symptom measures and limited demographic items. The PedsQL™ Multidimensional Fatigue Scale (MFS) is a well validated 18 item self-report measure of fatigue in children, teens and young adults (Varni, Burwinkle, Katz, Meeske, & Dickinson, 2002; Varni, Burwinkle, & Szer, 2004; Varni & Limbers, 2008). The acute version uses a 7 day recall timeframe and was used in this audit. The items assess three domains of fatigue, general, sleep/rest & cognitive. The child report (5–7 & 8–12 years) and teen report (13–24 years) were part of the audit tool. The PedsQL™ Present Functioning Visual Analog Scales (PFS) (Sherman, Eisen, Burwinkle, & Varni, 2006) were used to assess present symptom experience. This six item measure has been used in children as young as 5 years of age. Audit information was collected in English and Spanish.

**Results**

The sample characteristics are described in Tables 1 and 2. Table 3 summarizes the mean and standard deviations of the MFS and three of the PFS items for the total group and by admission status (inpatients vs. outpatient) and age (child vs. teen). Based on the published literature we determined a score of 70 or lower on the MFS to represent “fatigue”. We

**Table 2** Sample ethnicity.

American Indian or Alaskan Native	6
Asian	14
Black/African American	70
Hispanic/Latino	49
Middle Eastern or North African	4
Native Hawaiian or other Pacific Islander	1
White	194
Other	13

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