

TABLE 1.

MULTIPLE MYELOMA FATIGUE ASSESSMENT

LABORATORY TEST/ CONSIDERATION	EXPECTED RESULT IF CAUSE OF FATIGUE
Perform complete blood count.	Assess for low hemoglobin (anemia) and low white blood cell count (leukopenia).
Perform complete metabolic panel.	Assess for electrolyte abnormalities (hypokalemia, elevated creatinine, hypercalcemia), liver function (elevated transaminases), uncontrolled hyperglycemia, and dehydration.
Assess level of thyroid stimulating hormone.	Thyroid stimulating hormone can be high with hypothyroidism.
Assess sleep quality and duration.	Does the patient get adequate rest/sleep? Does the patient snore, have morning headaches, or have signs of sleep apnea? Does the patient experience frequent nighttime urination (nighttime diuretic use, enlarged prostate in men)?
Assess exercise patterns.	Does the patient exercise? Is exercise timed to be not too close to bedtime?
Assess for signs of infection.	Assess bladder and bowel habits, fever, and night sweats.
Evaluate disease markers.	Assess for multiple myeloma markers (SPEP, UPEP, serum free light chain assay) to rule out disease progression as a cause of fatigue.

Note. Based on information from National Comprehensive Cancer Network, 2017a.

Source: Catamero et al. *Clin J Oncol Nurs*. 2017 Oct 1;21(5):7-18.