Symptom	Assessment	Management
Dyspnea	Only reliable measure of dyspnea is self-report Dyspnea w/ activity only or at rest, # blocks, triggers, frequency? Rule out reversible causes (i.e. CHF exacerbation, pleural effusion, anemia, PE) Explore what dyspnea means to patient and their relationship with their illness, impact on QOL, psych/spiritual distress	Treat underlying cause whenever possible (i.e. diuretics for CHF exacerbation, COPD exacerbation, transfusion for anemia) Low dose opioids first line (<30 OME/day) Benzos if anxiety component; 2nd or 3rd line Pacing activities, relaxation techniques (i.e. guided imagery), fan or window, cool cloth, room temp and minimize clutter Acupuncture (data in COPD)
Fatigue	Focused fatigue history: onset, pattern, duration, change over time, associated factors, interference with function Can also use screening tool, i.e. ESAS Aim to understand impact on function, both physical and cognitive impact Assess for contributing factors: emotional distress, sleep disturbance, pain, meds, medical causes i.e. anemia, thyroid, deconditioning	Treat reversible causes when able (i.e. dehydration, sleep, pain) Education and counseling: cause of fatigue, energy conservation, setting realistic expectations, permission to rest Pharm trt: steroids, psychostimulants (mixed data), ginseng (RCT data supporting use) Non-pharm trt: exercise #1, cognitive behavioral therapy to manage stress, mindfulness, caffeine
Nausea/Vomiting	Characterize the nausea (OPQRST) Associated symptoms (i.e. bloating and early satiety in gastric stasis; RUQ pain in gallbladder disease) Past med history and recent treatments Medication review for offending agents Rule out constipation! Physical exam (i.e. volume overload in CHF; abnormal bowel sounds/distention may signal SBO, ileus or constipation) Labs and imaging PRN	Often multiple etiologies at play Neural pathways with associated receptors mediate nausea/vomiting Easier to stay ahead than catch up; atc anti-emetic dosing when necessary Either empirical or mechanistic approach to anti-emetic selection ok (aka choose your favorite anti-emetic vs block a specific receptor) Remove unpleasant odors Small meals Acupuncture (P6 acupoint)

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