Acute leukemias are hematologic cancers of the bone marrow and blood (Sekeres & Stone, 2002). The three most common acute leukemias are acute myeloid leukemia (AML), acute promyelocytic leukemia (APML), and acute lymphocytic leukemia (ALL). In 2018, an estimated 25,480 people will be diagnosed with AML and ALL, and more than half will die from the disease (American Cancer Society, 2018). Newly diagnosed acute leukemia is usually treated in a specialized cancer care center with an average stay of four to six weeks (Sekeres & Stone, 2002). Although various treatments exist for AML, intensive chemotherapy is the treatment of choice to achieve remission and prolong survival (Alibhai et al., 2015; Ghodraty-Jabloo, Alibhai, Breunis, & Puts, 2015, 2016). Chemotherapy treatment has two phases: (a) induction to put the disease into complete remission (typically 30 days) and (b) consolidation to kill any remaining leukemia cells that cannot be seen (four to six subsequent monthly cycles) (Stone, 2008). Patients with AML typically receive aggressive inpatient induction chemotherapy for one week and then remain hospitalized for at least one month because of treatment-associated complications, such as neutropenic fever, anemia, and thrombocytopenia (Sekeres & Stone, 2002). Patients with acute leukemia are particularly vulnerable during induction chemotherapy because they are at high risk for symptom toxicities. It is common for patients to have fluctuating symptoms associated with the disease and its treatment, such as myelosuppression, stomatitis, and nausea, throughout hospitalization (Albrecht, 2014; Bryant, Walton, Shaw-Kokot, Mayer, & Reeve, 2015).

Symptom management is the foundation of oncology nursing care. One way to assess symptoms is through patient-reported outcomes (PROs),