

Nausea Prevention & Treatment

BEP: Aprepitant (IV)-Palonosetron-Dexamethasone-Olanzapine-Lorazepam

- The following is a calendar to instruct you when to take your medicine.
- These medicines were prescribed to both prevent you from feeling nauseous (“sick to your stomach”) and treat nausea if it occurs after your chemotherapy.
- The days and dates are listed down the left column. The approximate time of day that you should take the medicine is listed across the top.
- It is important to take your medicine as instructed even if you are feeling well. It is easier to prevent nausea and vomiting than to treat it once it occurs.
- If these medicines are not helping you or you think they are causing a side effect(s) please call 732-235-2465 and ask for the Nurse Help Line. Ask for your doctor if after 5 p.m. or on a weekend.

**Aprepitant (IV) = Cinvanti[®], Palonosetron = Aloxi[®],
Dexamethasone = Decadron[®], Olanzapine = Zyprexa[®], Lorazepam = Ativan[®]**

Date	Medication	8 A.M.	8 P.M.
Days 1-5 Date: ____/____/____ <i>Please Circle Day 1</i> Sn, M, T, W, Th, F, S	Aprepitant (IV) 130 mg IV injection	Given by a nurse before chemotherapy on days 1 & 4	
	Palonosetron 0.25 mg IV injection	Given by a nurse before chemotherapy on days 1 & 4	
	Dexamethasone 4 mg tablet	Given by a nurse before chemotherapy days 1, 2, 3, 4 & 5	
	Olanzapine 5 mg tablet	Given by a nurse before chemotherapy	
	Lorazepam 0.5 mg tablet		One (1) Tablet <i>Only If Needed</i>
Day 6 Date: ____/____/____ <i>Please Circle</i> Sn, M, T, W, Th, F, S	Dexamethasone 4 mg tablet	Two (2) Tablets <i>with food or milk</i>	
	Olanzapine 5 mg tablet		One (1) Tablet
	Lorazepam 0.5 mg tablet		One (1) Tablet <i>Only If Needed</i>
Day 7 Date: ____/____/____ <i>Please Circle</i> Sn, M, T, W, Th, F, S	Dexamethasone 4 mg tablet	Two (2) Tablets <i>with food or milk</i>	
	Olanzapine 5 mg tablet		One (1) Tablet
	Lorazepam 0.5 mg tablet		One (1) Tablet <i>Only If Needed</i>
Day 8 Date: ____/____/____ <i>Please Circle</i> Sn, M, T, W, Th, F, S	Dexamethasone 4 mg tablet	Two (2) Tablets <i>with food or milk</i>	
	Olanzapine 5 mg tablet		One (1) Tablet
	Lorazepam 0.5 mg tablet		One (1) Tablet <i>Only If Needed</i>
Day 9 and afterwards Date: ____/____/____ <i>Please Circle</i> Sn, M, T, W, Th, F, S	Olanzapine 5 mg tablet		One (1) Tablet
	Lorazepam 0.5 mg tablet		One(1) Tablet <i>Only If Needed</i>

If you are in need of immediate assistance, please call 732-235-2465 and select the option that best meets your needs.