

RUTGERS Cancer Institute of New Jersey



RUTGERS HEALTH

Nausea Prevention & Treatment

High: Aprepitant (IV)-Palonosetron-Dexamethasone-Prochlorperazine

- 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 ٠ 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.

Date	Medication	7 A.M.	12 Noon	6 P.M.	11 P.M.
Day 1	Aprepitant (IV)				
	130 mg IV injection				
Date://	Palonosetron	Given by a nurse before chemotherapy			
	0.25 mg IV injection				
Please Circle	Dexamethasone	Given by a nurse before			
Sn, M, T, W, Th, F, S	4 mg tablet	chemotherapy			
	Prochlorperazine			One (1) Tablet	One (1) Tablet
	10 mg tablet			Only If Needed	Only If Needed
Day 2	Dexamethasone	Two (2) Tablets			
	4 mg tablet	with food or milk			
Date://		-			
Please Circle	Prochlorperazine	One (1) Tablet	One (1) Tablet	One (1) Tablet	One (1) Tablet
Sn, M, T, W, Th, F, S	10 mg tablet	Only If Needed	Only If Needed	Only If Needed	Only If Needed
Day 3					
	Dexamethasone 4 mg tablet	Two (2) Tablets with food or milk			
Date://	4 mg tablet	wiin jood of miik			
	Prochlorperazine	One (1) Tablet	One (1) Tablet	One (1) Tablet	One (1) Tablet
Please Circle Sn, M, T, W, Th, F, S	10 mg tablet	Only If Needed	Only If Needed	Only If Needed	Only If Needed
511, 111, 1, 10, 111, 1, 5	8	,	J J J J	j na se	,, ,
Da 4					
Day 4	Dexamethasone	Two (2) Tablets			
Date://	4 mg tablet	with food or milk			
	Development				
Please Circle	Prochlorperazine	One (1) Tablet Only If Needed	One (1) Tablet	One (1) Tablet	One (1) Tablet
Sn, M, T, W, Th, F, S	10 mg tablet	Uniy 1j Iveeded	Only If Needed	Only If Needed	Only If Needed

Aprepitant (IV) = Cinvanti[®], Palonosetron = Aloxi[®], Devamethasone = Decadron[®], Prochlornerazine = Compazine[®]

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

[®]Rutgers Cancer Institute of New Jersey Patient Education Committee