

## 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 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<sup>®</sup>, Palonosetron = Aloxi<sup>®</sup>,  
Dexamethasone = Decadron<sup>®</sup>, Prochlorperazine = Compazine<sup>®</sup>**

Date	Medication	7 A.M.	12 Noon	6 P.M.	11 P.M.
<b>Day 1</b>  Date: ____/____/____  Please Circle Sn, M, T, W, Th, F, S	Aprepitant (IV) 130 mg IV injection	Given by a nurse before chemotherapy			
	Palonosetron 0.25 mg IV injection	Given by a nurse before chemotherapy			
	Dexamethasone 4 mg tablet	Given by a nurse before chemotherapy			
	Prochlorperazine 10 mg tablet			One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>
<b>Day 2</b>  Date: ____/____/____  Please Circle Sn, M, T, W, Th, F, S	Dexamethasone 4 mg tablet	Two (2) Tablets <i>with food or milk</i>			
	Prochlorperazine 10 mg tablet	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>
<b>Day 3</b>  Date: ____/____/____  Please Circle Sn, M, T, W, Th, F, S	Dexamethasone 4 mg tablet	Two (2) Tablets <i>with food or milk</i>			
	Prochlorperazine 10 mg tablet	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>
<b>Day 4</b>  Date: ____/____/____  Please Circle Sn, M, T, W, Th, F, S	Dexamethasone 4 mg tablet	Two (2) Tablets <i>with food or milk</i>			
	Prochlorperazine 10 mg tablet	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>	One (1) Tablet <i>Only If Needed</i>	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.