

## Nausea Prevention & Treatment

### High: Aprepitant (PO)-Palonosetron-Dexamethasone-Metoclopramide

- 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 (PO) = Emend<sup>®</sup>, Metoclopramide = Reglan<sup>®</sup>, Dexamethasone = Decadron<sup>®</sup>, Palonosetron = Aloxi<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	<b>Aprepitant</b> 125 mg capsule	<b>Given by a nurse before chemotherapy</b>			
	<b>Palonosetron</b> 0.25 mg IV injection	<b>Given by a nurse before chemotherapy</b>			
	<b>Dexamethasone</b> 4 mg tablet	<b>Given by a nurse before chemotherapy</b>			
	<b>*Metoclopramide</b> 10 mg tablet			____ Tablet(s)	____ Tablet(s)
<b>Day 2</b> Date: ____/____/____ Please Circle Sn, M, T, W, Th, F, S	<b>Aprepitant</b> 80 mg capsule	<b>One (1) Capsule</b>			
	<b>Dexamethasone</b> 4 mg tablet	<b>Two (2) Tablets with food or milk</b>			
	<b>Metoclopramide</b> 10 mg tablet	____ Tablet(s)	____ Tablet(s)	____ Tablet(s)	____ Tablet(s)
<b>Day 3</b> Date: ____/____/____ Please Circle Sn, M, T, W, Th, F, S	<b>Aprepitant</b> 80 mg capsule	<b>One (1) Capsule</b>			
	<b>Dexamethasone</b> 4 mg tablet	<b>Two (2) Tablets with food or milk</b>			
	<b>Metoclopramide</b> 10 mg tablet	____ Tablet(s)	____ Tablet(s)	____ Tablet(s)	____ Tablet(s)
<b>Day 4</b> Date: ____/____/____ Please Circle Sn, M, T, W, Th, F, S	<b>Dexamethasone</b> 4 mg tablet	<b>Two (2) Tablets with food or milk</b>			
	<b>Metoclopramide</b> 10 mg tablet	____ Tablet(s)	____ Tablet(s)	____ Tablet(s)	____ Tablet(s)

**\*Metoclopramide dosing (0.5mg/kg/day divided into 4 doses)**

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