

Nausea Prevention & Treatment

High: Aprepitant (PO)-Palonosetron -Dexamethasone- Olanzapine-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 (PO) = Emend[®], Palonosetron = Aloxi[®], Dexamethasone = Decadron[®],
Olanzapine = Zyprexa[®], Prochlorperazine = Compazine[®]**

Date	Medication	7 A.M.	12 Noon	6 P.M.	11 P.M.
Day 1	Aprepitant 125 mg capsule	Given by a nurse before chemotherapy			
Date: ____/____/____	Palonosetron 0.25 mg IV injection	Given by a nurse before chemotherapy			
Please Circle Sn, M, T, W, Th, F, S	Dexamethasone 4 mg tablet	Given by a nurse before chemotherapy			
	Olanzapine 5 mg tablet	Given by a nurse before chemotherapy			
	Prochlorperazine 10 mg tablet			One (1) Tablet Only If Needed	One (1) Tablet Only If Needed
Day 2	Aprepitant 80 mg capsule	One (1) Capsule			
Date: ____/____/____	Dexamethasone 4 mg tablet	Two (2) Tablets with food or milk			
Please Circle Sn, M, T, W, Th, F, S	Olanzapine 5 mg tablet				One (1) Tablet
	Prochlorperazine 10 mg tablet	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed
Day 3	Aprepitant 80 mg capsule	One (1) Capsule			
Date: ____/____/____	Dexamethasone 4 mg tablet	Two (2) Tablets with food or milk			
Please Circle Sn, M, T, W, Th, F, S	Olanzapine 5 mg tablet				One (1) Tablet
	Prochlorperazine 10 mg tablet	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed
Day 4	Dexamethasone 4 mg tablet	Two (2) Tablets with food or milk			
Date: ____/____/____	Olanzapine 5 mg tablet				One (1) Tablet
Please Circle Sn, M, T, W, Th, F, S	Prochlorperazine 10 mg tablet	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed	One (1) Tablet Only If Needed

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