Förebyggande mot illamående (5d, Steg 2a)

Antiemetics

Regimen schedule

Day	1	2	3	4	5
Ondansetron Morning dose	X	X	X	X	X
Olanzapin **As needed**					

About your treatment

You must take preventive treatment to reduce the risk of nausea in connection with your treatment. Some medicines also reduce the risk of allergy that certain treatments can cause. If you miss taking your dose, tell your nurse. It is important that you note how you feel so that we can adjust the dose of medicine.

How to take yor treatment

Day 1

About 1-2 hours before treatment

Ondansetron 8 mg: 1 tablet

Day 2

About 1-2 hours before treatment

Ondansetron 8mg: 1 tablet

Day

About 1-2 hours before treatment Ondansetron 8 mg: 1 tablet

Day 4

About 1-2 hours before treatment Ondansetron 8 mg: 1 tablet

Day 5

About 1-2 hours before treatment Ondansetron 8 mg: 1 tablet

If necessary, treatment days and a few days after

Olanzapine 2.5 mg. If necessary, you can increase to a maximum of four tablets (10 mg) per day. It is best taken at night because the medicine causes fatigue.

Preventive medicine against nausea

You can get medicine from your nurse or by prescription.

Ondansetron

Ondansetron are tablets that are swallowed whole with or without food. The dose is taken at least one hour before treatment. Constipation is common from ondansetron. This can be prevented with laxatives. Inform the healthcare staff before treatment if you have a sluggish stomach. Headaches are also common. This can be treated with paracetamol.

Planzapin

Olanzapine is a drug used for mental illness, but in low doses has a good effect against nausea, especially against nausea that can occur days after treatment. Olanzapine may make you tired. Fatigue can reduce attention when, for example, driving, which can make it unsuitable to drive a motor vehicle. We recommend taking the dose in the evening, with the first dose the evening of the treatment day. You should take no more than 10 mg of Olanzapine in a day. A higher dose does not give a better effect.

Nausea diary

Register your condition and report back to your nurse.

Name:									**Social security number:**			
Treatment:												
Course number:									**Start date:**			
Date of day 1:		**Nausea**			**Vomiting**		**Appetiteless**		**Perceived well-being**			**Notes**
		None	Slight	Severe	Yes	No	Yes	No	Good	Poor	Very poor	
Day 1	Evening											
Day 2	Morning											
	Day											
	Evening											
Day 3	Morning											
	Day											
	Evening											
Day 4	Morning											
	Day											
	Evening											
Day 5	Morning											
	Day											
	Evening											