

**Förebyggande mot illamående (Steg 7, 4d)**

## Antiemetics

**Regimen schedule**

| Day                                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---|---|---|---|---|---|
| Netupitant,<br>palonosetron<br>(300/0,5) | X |   |   | X |   |   |   |
| Betametason                              | X | X | X | X |   |   |   |
| Betametason                              |   |   |   |   | X |   |   |
| Betametason                              |   |   |   |   |   | X |   |
| Olanzapin<br>Evening dose                | X | X | X | X | X | X | X |

**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 your treatment****Day 1****About 1-2 hours before treatment**

Akynzeo (netupitant/palonosetron) 300 mg/ 0.5 mg: 1 capsule

Betapred (betamethasone) 0.5 mg: 16 tablets (tablets dissolve in water)

**In the evening**

Olanzapine 2.5 mg 2 tablets.

**Day 2****About 1-2 hours before treatment**

Betapred (betamethasone) 0.5 mg: 16 tablets (tablets dissolve in water)

**In the evening**

Olanzapine 2.5 mg: 2 tablets.

**Day 3****About 1-2 hours before treatment**

Betapred (betamethasone) 0.5 mg: 16 tablets (tablets dissolve in water)

**In the evening**

Olanzapine 2.5 mg: 2 tablets.

## **Day 4**

### **About 1-2 hours before treatment**

Akynzeo (netupitant/palonosetron) 300 mg/ 0.5 mg: 1 capsule

Betapred (betamethasone) 0.5 mg: 16 tablets (tablets dissolve in water)

### **In the evening**

Olanzapine 2.5 mg: 2 tablets.

## **Day 5**

### **In the morning**

Betapred (betamethasone) 0.5 mg: 8 tablets (tablets dissolve in water)

### **In the evening**

Olanzapine 2.5 mg: 2 tablets.

## **Day 6**

### **In the morning**

Betapred (betamethasone) 0.5 mg: 4 tablets (tablets dissolve in water)

### **In the evening**

Olanzapine 2.5 mg: 2 tablets.

## **Day 7**

### **In the evening**

Olanzapine 2.5 mg: 2 tablets.

### **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.

### **Akynzeo (netupitant/ palonosetron)**

Akynzeo (netupitant/ palonosetron) is a combined treatment in one capsule. You can get the capsule to take at home or you can get it when you come to the ward. The dose is taken at least one hour before treatment. The effect lasts for three days. Constipation is common. This can be prevented with laxatives. Inform the healthcare staff before the treatment if you have a sluggish stomach. Common with headache. This can be treated with paracetamol. Dizziness and fatigue may occur. Keep that in mind if you're going to drive.

### **Betapred (betametason)**

Betapred (betamethasone) is cortisone. The tablets are dissolved in a little water and the solution is swallowed. The dose is taken at least one hour before treatment. Please rinse your mouth with water after taking betamethasone to reduce the risk of oral thrush. Take the tablets with food. Cortisone is also used to reduce the risk of allergic reactions that some cancer drugs can cause. Cortisone can be invigorating and redness.

## **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.

| <b>Name:</b>          |         | <b>Social security number:</b> |        |        |          |    |                    |    |                      |      |           |       |
|-----------------------|---------|--------------------------------|--------|--------|----------|----|--------------------|----|----------------------|------|-----------|-------|
| <b>Treatment:</b>     |         |                                |        |        |          |    |                    |    |                      |      |           |       |
| <b>Course number:</b> |         |                                |        |        |          |    | <b>Start date:</b> |    |                      |      |           |       |
| 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 |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Morning |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 2                 | Day     |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Evening |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 3                 | Morning |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Day     |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 4                 | Evening |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Morning |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 5                 | Day     |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Evening |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 6                 | Morning |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Day     |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 7                 | Evening |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Morning |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 8                 | Day     |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Evening |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 9                 | Morning |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Day     |                                |        |        |          |    |                    |    |                      |      |           |       |
| Day 10                | Evening |                                |        |        |          |    |                    |    |                      |      |           |       |
|                       | Morning |                                |        |        |          |    |                    |    |                      |      |           |       |