

THERE ARE WAYS TO PREVENT NAUSEA AND VOMITING FROM CHEMOTHERAPY AND IT STARTS WITH A CONVERSATION



Nausea and vomiting are side effects of chemotherapy that may be prevented. It's definitely not something that should get in the way of your chemotherapy. It's so important to have frequent and honest conversations with your healthcare team. Talking to them about chemotherapy side effects can lead to better care of your nausea and vomiting. In turn, that could lead to an easier journey through chemotherapy treatment.



GET THE CONVERSATION STARTED



Your healthcare team is here to help.

At your next appointment, bring this page with you and take notes as you talk to your healthcare team:

BEFORE STARTING CHEMOTHERAPY

What are the possible side effects of my chemotherapy?

Considering the type of chemotherapy I am receiving, how likely is it that I will experience nausea and vomiting?

Do I have any risk factors that might make me more or less likely to have nausea and vomiting from chemotherapy?

How do you decide what treatment to use to prevent my nausea and vomiting?

PREVENTING NAUSEA AND VOMITING FROM CHEMOTHERAPY

This section includes questions you can ask your healthcare team about medications for the treatment of nausea and vomiting from chemotherapy.

Which anti-nausea and vomiting treatment do you think I should be taking and why?

When should I start taking my treatment?

How should I take my treatment?

With this treatment, what should I expect to happen?

What are some of the possible side effects of my treatment?

If I am feeling sick, can I call you? At what point should I call?

If I do have nausea and/or vomiting, what should I do?

What information would be helpful for you to have if I do experience nausea and vomiting from chemotherapy?

Are there certain foods or drinks that may help or that I should avoid if I feel nauseous or vomit?

How will I know my treatment is working?

Besides taking my treatment, is there anything else I can do to help prevent nausea and vomiting from chemotherapy?



YOU DON'T NEED TO SUFFER NEEDLESSLY—NAUSEA AND VOMITING FROM CHEMOTHERAPY MAY BE PREVENTED

Talk to your oncologist, nurse, or pharmacist about prevention to make sure you get the best possible care.



GET THE CHEMOTHERAPY SIDE EFFECTS TRACKER

Easily track your symptoms so you can let your healthcare team know what you're experiencing.

Download it at www.TimeToTalkCINV.com



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CHEMOTHERAPY SIDE EFFECTS TRACKER

NAME: _____
 CONTACT: _____
 MEDICATIONS: _____

While receiving chemotherapy, it's important to track and discuss side effects, like chemotherapy-induced nausea and vomiting (CINV), with your healthcare team to prevent future episodes. This tracker will help you start the conversation. Each day, mark your nausea level from 1 (not nauseous) to 5 (vomited), and complete the other rows in the column. Fill in the bubbles to the right if you had a chemotherapy session or took your anti-nausea treatment that day.

Date	Nausea Level					Times Vomited	Diet	Activity	Energy Level (1-5) <small>1 - LOW 5 - HIGH</small>	Sleep Quality (1-5) <small>1 - NOT RESTED 5 - RESTED</small>	Notes
	1	2	3	4	5						
8/23/16						1	Light breakfast	Walked 30 min	3	2	Felt sick after breakfast

Chemo Session

Antinausea Treatment

KEY

- NOT NAUSEOUS
- SLIGHTLY NAUSEOUS
- NAUSEOUS
- VERY NAUSEOUS
- VOMITED

MORE RESOURCES

www.TimeToTalkCINV.com

YOU DON'T NEED TO SUFFER NEEDLESSLY—NAUSEA AND VOMITING FROM CHEMOTHERAPY MAY BE PREVENTED

TALK TO YOUR ONCOLOGIST, NURSE, OR PHARMACIST ABOUT PREVENTION TO MAKE SURE YOU GET THE BEST POSSIBLE CARE

You can download the MASCC Antiemesis Tool app at mascc.org/mat. It lets you capture information on nausea and vomiting episodes to ensure you are achieving the best control of these possible side effects. This information can be shared with your healthcare team when evaluating your treatment.

CHEMOTHERAPY SIDE EFFECTS TRACKER

NAME: _____ CONTACT: _____
 MEDICATIONS: _____

While receiving chemotherapy, it's important to track and discuss side effects, like chemotherapy-induced nausea and vomiting (CINV), with your healthcare team to prevent future episodes. Please fill in the chart below by recording your nausea level from 1 (not nauseous) to 5 (vomited). Mark with an **X** if you had a chemotherapy session or took your anti-nausea treatment that day. Fill in the other rows and use the numbered rows to track whatever else you would like, such as favorite activities. Share the results with your oncologist, nurse, or pharmacist (ie, your healthcare team).

MONTH: _____ DAY: _____

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NAUSEA LEVEL	1																															
	2																															
	3																															
	4																															
	5																															
TIMES VOMITED																																
CHEMOTHERAPY SESSION																																
ANTINAUSEA TREATMENT																																
ENERGY LEVEL (1-5) 1 - LOW, 5 - HIGH																																
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ADDITIONAL NOTES

MORE RESOURCES



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MYTHS AND FACTS ABOUT CINV

WHAT YOU REALLY NEED TO KNOW ABOUT **CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING**

There are many myths out there around chemotherapy-induced nausea and vomiting, or CINV. It's important to know the facts in order to know what you can expect during your chemotherapy treatment.

Nausea and vomiting from chemotherapy may affect your overall health, family life, and work life. Talk to your oncologist, nurse, or pharmacist (ie, your healthcare team) about any side effects you experience so that they can help you get the treatment you need.

This information is based on a 2015 survey conducted by Wakefield Research on behalf of HOPA and Eisai Inc that assessed the perceptions about nausea and vomiting among patients receiving chemotherapy treatment.



Chemotherapy-induced nausea and vomiting can occur immediately or up to seven days after treatment.

CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING CAN OCCUR



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? MYTH

Nausea and vomiting from chemotherapy are normal.

✓ FACT

Nausea and vomiting from chemotherapy may be prevented with treatment.

83% of people who experienced nausea and vomiting from chemotherapy thought they were side effects with which they must live.

? MYTH

Nausea and vomiting are signs that my chemotherapy is working.

✓ FACT



Although many believe nausea and vomiting mean chemotherapy is working—**that's not the case.**

Nausea and vomiting don't indicate whether or not your chemotherapy is working.

? MYTH

There is nothing I can do to prevent nausea and vomiting from chemotherapy.

✓ FACT

Besides treatment, there are several things you can do to help prevent nausea and vomiting from chemotherapy. Here are a few tips to try:



Be sure you are **drinking enough fluids**



Eat and drink **slowly**



Avoid sweet, fried, and fatty foods



Avoid strong odors



Wear loose-fitting clothing around the waist and don't put stress on your stomach



Don't lay flat for at least two hours after eating or drinking



Use **relaxation techniques**, such as music or entertainment

? MYTH

I don't want to be a burden by talking about my nausea and vomiting from chemotherapy.

✓ FACT



Your healthcare team wants to know what is concerning you. Don't be afraid to ask your oncologist, nurse, and/or pharmacist any questions that you may have.

? MYTH

I should wait until I experience nausea and vomiting from chemotherapy to talk to my healthcare team about it.

✓ FACT



The sooner you ask about nausea and vomiting from chemotherapy, the sooner you can help prevent it.

? MYTH

If I keep reporting side effects from my chemotherapy, my oncologist will stop my treatment.

✓ FACT

Oncologists look for ways to manage side effects with other medicines and/or lifestyle changes. By speaking up early, you can help your oncologist control or prevent side effects while they are still manageable.

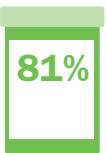


? MYTH

It's normal to still feel nauseous even though I've received treatment to prevent it, as long as I'm not vomiting.

✓ FACT

This is a common misperception. In fact,



of patients with nausea and vomiting from chemotherapy believe that their anti-nausea/vomiting treatment is working as long as they're not vomiting.

? MYTH

Nausea and vomiting aren't a big deal. I can just push through; it's not affecting me that much—and it only affects me, no one else.

✓ FACT

Nausea and vomiting from chemotherapy can lead to poor nutrition, dehydration, and electrolyte imbalances.



61% of survey responders said it caused them to miss out on family events.



48% said it caused them to miss work.

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CINV PREVENTION BEST PRACTICES CHECKLIST



Many patients undergoing chemotherapy are fearful of experiencing chemotherapy-induced nausea and vomiting (CINV), as they believe it's a side effect they "just have to live with." They do not know that prevention of CINV should be the expectation and need to understand the importance of alerting their healthcare team when they are experiencing these side effects.

Patients do not need to suffer needlessly from nausea and vomiting. With better communication and understanding of this side effect, the risk of issues with treatment adherence, hospital stays, and ER visits due to complications may be reduced.

This piece, along with the other tools in the Time to Talk CINV toolkit, can be printed, filled out digitally, emailed to patients and colleagues, and shared via social media.



ESTABLISH THERAPEUTIC AND COMMUNICATION GOALS WITH PATIENTS

- Inform your patients of the goal of "no vomiting" and "no nausea" following chemotherapy

Educate on the risks of "pushing through" nausea and vomiting, like dehydration and hospital admission, and the importance of communicating about side effects

Communicate strategies for proper medication adherence

Ask your patients what they already know so you know where to start the conversation about CINV

Share tools available to help patients report their side effects:

- Time to Talk CINV Chemotherapy Side Effect Tracker
- The MASCC Antiemesis Tool app available at www.mascc.org/mat



INSTITUTE THERAPEUTIC AND COMMUNICATION GOALS WITHIN THE HEALTHCARE TEAM

Determine patient risk factors for CINV when considering treatment:

- Below age 50
- Female
- History of morning sickness during pregnancy
- History of no or low alcohol consumption
- Prone to motion sickness
- Have had chemotherapy previously
- History of anxiety
- High pretreatment expectation of severe nausea

Follow up with patients just starting on chemotherapy or who have previously experienced CINV within 24-48 hours of leaving the office

Utilize appropriate processes to ensure that information, such as patient risk factors and reports of CINV, is shared amongst the full healthcare team

Find out how patients want to be contacted following office visits (phone call on mobile or home phone, email, text, etc.)



ENSURE CLEAR COMMUNICATION CONTINUES OUTSIDE THE DOCTOR'S OFFICE

Confirm your patients know when and whom to contact on the healthcare team if they are experiencing nausea and/or vomiting from chemotherapy

Determine if there is a caregiver that plays an active role in treatment who should be included in communications

Advise patients to set up appointments with appropriate support providers such as a nurse navigator, oncology pharmacist, and/or oncology social worker

Make patients aware of all hospital/institution resources available to them

Provide outside resources such as books, patient advocacy organizations, local peer-to-peer groups, and the Time to Talk CINV™ toolkit

- For more information on Time to Talk CINV, visit the Hematology/Oncology Pharmacy Association (HOPA) website at www.TimeToTalkCINV.com. Resources include:



PATIENT
COMMUNICATION
CHECKLIST



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