

Common Treatment Related Problems

Nausea and Vomiting

- This is a common problem for patients on chemotherapy. The following drugs cause severe nausea and vomiting: cisplatin, cytarabine, cyclophosphamide, dactinomycin, high dose methotrexate
- Poor control of nausea and vomiting can lead to dehydration, electrolyte imbalances, and the need for hospital admissions
- Anticipatory nausea and vomiting, usually defined as nausea and vomiting occurring prior to the administration of chemotherapy is usually not responsive to anti-emetic agents

Antiemetics

Ondansetron (5-HT ₃ antagonist)	<ul style="list-style-type: none">• The 5HT antagonists are the most effective agents for the prevention and treatment of chemotherapy induced nausea and vomiting• Ondansetron can be combined with dexamethasone for increased efficacy• Dose: 0.15 mg/kg IV q8-12hr prn; 0.2 mg/kg PO q8-12hr prn• Give oral doses 30 – 60 min. and IV doses 15 min. prior to chemotherapy
Dimenhydrinate (Gravol)	<ul style="list-style-type: none">• 1 mg/kg/dose IV q4h prn• Useful for mild nausea and vomiting or in combination with ondansetron
Dexamethasone	<ul style="list-style-type: none">• 2-4 mg/m²/dose IV/PO q6h• Often used in conjunction with ondansetron)
Nabilone	<ul style="list-style-type: none">• < 18 kg - 0.5 mg PO q8-12h• > 18 kg - 1 mg PO q8-12h• Adult - 1-2 mg PO b.i.d.

Nutritional suggestions to minimize nausea and vomiting

1. Try foods such as:
 - Ice chips, clear liquids
 - Toast, crackers
 - Cherbet, yogurt
 - Soft or bland foods
 - Angel food cake
2. Avoid foods that are greasy or spicy
3. Eat small amounts frequently
4. Serve beverages chilled
5. Avoid eating one to two hours before chemotherapy or radiation treatments

Mucositis

This is mouth ulceration due to delayed cellular turnover of the mucosal lining - usually secondary to chemotherapy and/or radiotherapy.

Management

Mouth care	<ul style="list-style-type: none">• Chlorhexidine mouth wash• Sodium bicarbonate mouthwash (1/4 teaspoon baking soda mixed into 1 cup of tap water. Rinse about every 4 hours while awake.• Soft toothbrush or sponge to clean gums and teeth• Keep lips moist with Vaseline
Pain control	<ul style="list-style-type: none">• Morphine infusion• Local anesthetic mouth washes usually cause increased stinging initially and are not acceptable to young children

Constipation

This is a common problem for patients who are receiving vincristine, narcotics, or on prolonged bed rest. Constipation can be prevented or treated by:

- Colace (docusate) 5 mg/kg/24 hours
- Lactulose - infants 2-5-10 ml/day; children 40-90 ml/day
- Mineral Oil 1-3ml/kg/day PO

Suppositories or enemas should be avoided whenever possible especially in the neutropenic child because of the risk of rectal trauma and bacteremia. However, for the severely constipated child, gentle administration of a suppository or enema may cause less rectal trauma than passage of a hard stool.