Chemotherapy-induced nausea and vomiting (CINV) is a serious adverse effect of chemotherapy that limits patients’ physical, mental, and functional capabilities and may cause a delay or cessation of treatment. Antiemetic therapy can reduce the incidence of CINV. Research, using data from visits by patients receiving moderately (MEC) or highly emetogenic chemotherapy (HEC), identified that antiemetics were prescribed for 86% (in 2007) and 82% (in 2008) of patients receiving MEC or HEC. For these visits, 5-hydroxytryptamine-3 receptor antagonists were prescribed in at least 97% of visits for both years, whereas neurokinin-1 (NK-1) receptor antagonists were prescribed at a rate of 10% and 11%, respectively. Studies show that nurses and physicians underestimate the incidence of CINV after HEC and MEC. Oncology nurses often critically influence patients’ selection of CINV therapy and can play a significant role in increasing awareness about the benefits of adding an NK-1 receptor antagonist to standard prophylactic regimens for acute and delayed CINV.

**At a Glance**

- Nurses are critical to the prevention and management of chemotherapy-induced nausea and vomiting (CINV).
- Less than 12% of patients with cancer who would benefit the most from a neurokinin-1 receptor antagonist and 5-hydroxytryptamine-3 receptor antagonist combination antiemetic therapy actually receive it.
- Because quality of life and adherence to future chemotherapy regimens are significantly affected by CINV, all clinicians should recognize the value of effective antiemetic therapy as a factor in chemotherapy tolerability.

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