Purpose/Objectives: To identify anticipatory, acute, and delayed chemotherapy-induced nausea and vomiting (CINV) frequency and coping strategies used among pediatric patients with cancer.

Design: Prospective, cohort design.

Setting: A pediatric teaching hospital in the southern United States.

Sample: A convenience sample of 40 children aged 7–12 years scheduled to receive either moderately emetogenic chemotherapy or highly emetic chemotherapy for cancer treatment.

Methods: Children completed the Adapted Rhodes Index of Nausea and Vomiting for Pediatrics and the Kidcope–Younger Version.

Main Research Variables: CINV and coping strategies.

Findings: CINV occurred during the anticipatory, acute, and delayed times, with the highest frequency occurring during the delayed time. The most frequently used coping strategies were distraction and wishful thinking, whereas the most effective strategies were social support and distraction. No statistically significant differences were observed in the frequency or efficacy of coping strategies over time.

Conclusions: CINV occurs throughout chemotherapy treatment. The most efficacious coping strategies included active and passive coping, with active coping strategies being more effective.

Implications for Nursing: Nurses should recognize that CINV occurs at all points of chemotherapy treatment. Nurses can assist children in developing active coping strategies to manage their CINV.

Conceptual Framework

Symptom Management Theory provided the conceptual framework for this study. The theory states that, to provide effective symptom management, three components need to be evaluated: the symptom