



# BEFORE MY FIRST CANCER TREATMENT

What Can I Expect From Infusions?





# PREPARING FOR TREATMENT

Use this brochure to help understand what you could expect from your first infusion for cancer. Educating yourself may help give you a feeling of control. Save this file to your device or print it to use as a resource before future infusions.





## WHAT SHOULD I KNOW?

Here are some things that may help you feel more prepared:

- Infusions will be given into your vein through an intravenous (IV) line over at least 30 minutes
- Begin drinking lots of water the day before your appointment to prepare for your infusion
- You may experience bruising and irritation at the infusion site. Tell someone if you feel pain
- You should wear comfortable, loose-fitting clothing with sleeves you can roll up
- If you feel fatigued or nauseated, try simplifying daily activities, following a healthy diet, and avoiding food with strong odors and spicy or greasy foods
- For a list of common symptoms and tips on helping to better manage them, go to [TrackingSymptoms.com](https://www.tracking-symptoms.com)

Notes:





## WHAT SHOULD I ASK?

**Check the box beside each question you'd like to ask your health care team or the infusion center.**

Are there any food or drink restrictions before, during, or after my appointment?

Has my blood work (labs) been sent to my health care team?

How early do I need to arrive before my appointment?

Where should I park?

Will I be able to drive home?

Are there resources available if I need a ride?

Am I taking this treatment in combination with other treatments?

Can someone sit with me during my infusion?

How long will I be monitored during and after my infusion?

How often and for how many months will I need to have infusions?

Will I be able to do the same physical activities as I did prior to receiving infusions?

What are some symptoms I may experience?  
How would I report them?

What are some ways I could better manage worry and stress?

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## WHAT SHOULD I BRING?

**Check the box beside each item you'd like to bring to your infusion appointment.**

Paperwork (filled out), if given any

Insurance card, if you have one

A list of all medications you are currently taking, including over-the-counter medicines and supplements

Pain medicine from home, if recommended by your health care team

Snacks, if approved by your health care team

Books or magazines

Audio books or music

Electronic device(s) and charger

A friend or family member for support

Blanket or pillow

Socks, in case the infusion center is cold

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## MY APPOINTMENT INFO

### Upcoming infusions:

1. Date/time: \_\_\_\_\_ / \_\_\_\_\_

2. Date/time: \_\_\_\_\_ / \_\_\_\_\_

3. Date/time: \_\_\_\_\_ / \_\_\_\_\_

4. Date/time: \_\_\_\_\_ / \_\_\_\_\_

5. Date/time: \_\_\_\_\_ / \_\_\_\_\_

Infusion center address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Infusion center phone #: \_\_\_\_\_

My support person: \_\_\_\_\_

Support person's phone #: \_\_\_\_\_

