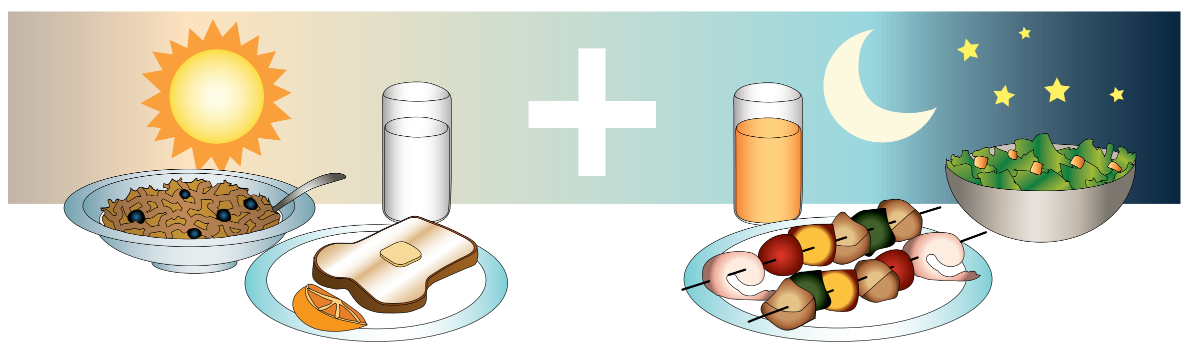
Capecitabine Pill Calendar

Dose: ________ **of** 500mg 500

________ **of** 150mg 150

Take your dose 2 times a day for
14 days, then take 7 days off.



Take your dose two times a day with food
(within 30 minutes after breakfast and supper).

Stop taking your pills and go to the emergency room if:

You have a fever of 38.0°C (100°F) or more for over 1 hour OR 38.3°C (101°F) or more just once.

Painful blisters or rash on your face, chest or mouth.

Chest pain or angina.

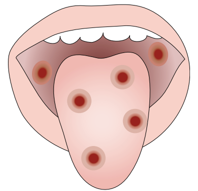
Stop taking your pills and call us if you experience any of the following:

Contact:____

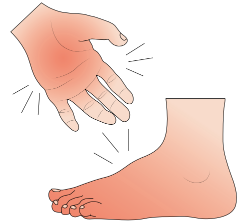
Phone: 514-934-1934 ext.__________ weekdays from__________ to __________

Diarrhea - increase in number of bowel movements (4 or more than your usual in a day) or increase in stoma output.

Vomiting 2 or more times in 24 hours or nausea preventing you from eating.



Painful redness or sores in mouth.



Redness or painful swelling on the palms of your hands or feet.

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Patient Name:__________________ **MRN#:** __________________

Week 1

1	2	3	4	5	6	7
Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______
Date: ______	Date: ______	Date: ______	Date: ______	Date: ______	Date: ______	Date: ______
Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾
Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?
☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting
☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea
☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet
☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth
☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______

Week 2

8	9	10	11	12	13	14
Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______	Day of week: ______
Date: ______	Date: ______	Date: ______	Date: ______	Date: ______	Date: ______	Date: ______
Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾	Did you take your pills? ☐ ☀ ☐ ☾
Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?	Any side effects today?
☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting	☐ Nausea or Vomiting
☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea
☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet	☐ Red or swollen hands or feet
☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth	☐ Sores or redness in mouth
☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______	☐ Other: ______

Week 3 (week of rest)

DO NOT TAKE ANY CAPECITABINE

15	16	17	18	19	20	21
Date: ______	Date: ______	Date: ______	Date: ______	Date: ______	Date: ______	Date: ______
X	X	X	X	X	X	X
Any side effects today? ______	Any side effects today? ______	Any side effects today? ______	Any side effects today? ______	Any side effects today? ______	Any side effects today? ______	Any side effects today? ______

Bring this calendar and any unused pills to your next clinic visit. **Available at www.muhcpatienteducation.ca**

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