

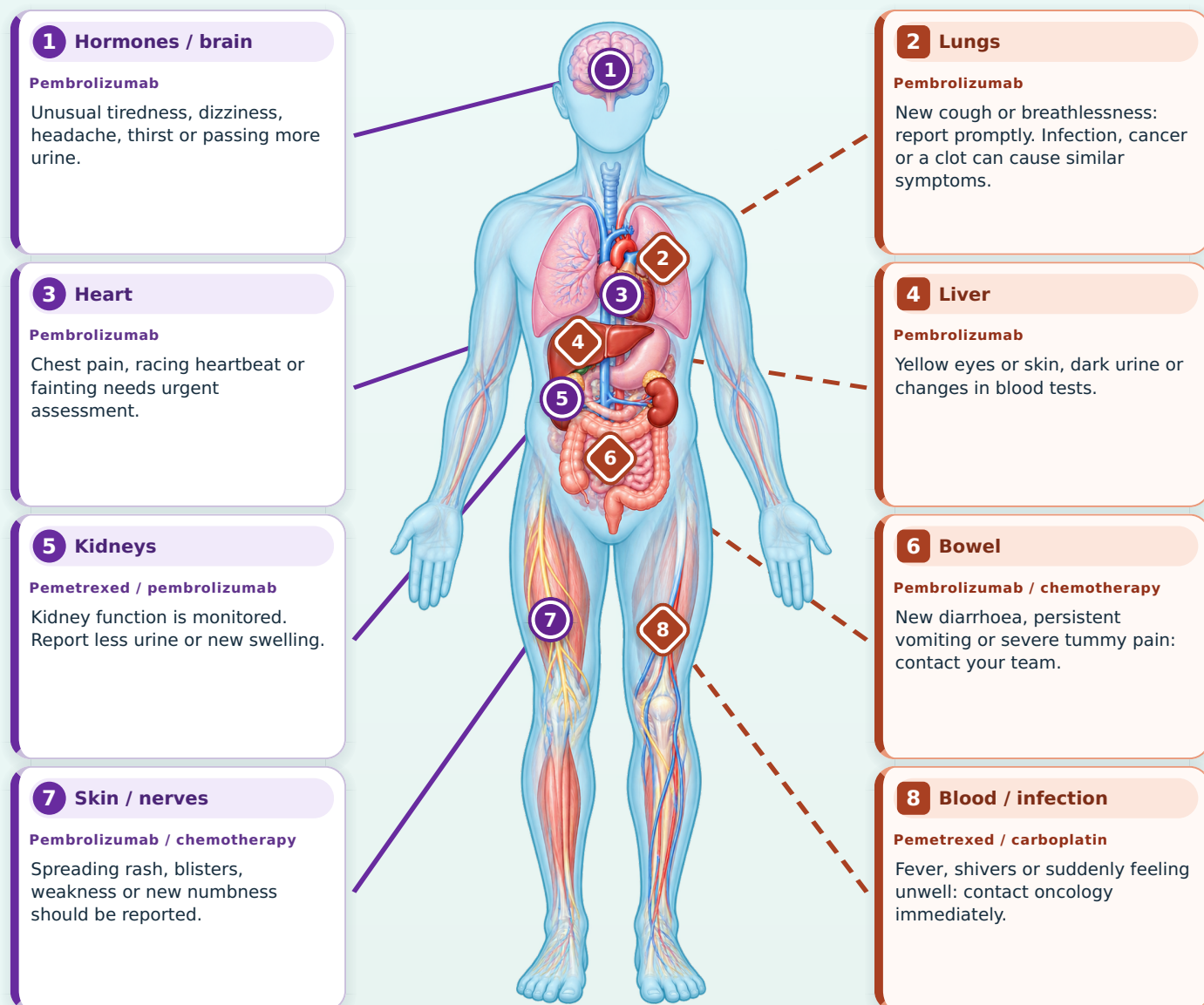
Pembrolizumab + pemetrexed + carboplatin

Induction: all three medicines on Day 1 every 21 days for up to four cycles. Maintenance: carboplatin stops; pembrolizumab and pemetrexed may continue every 21 days while appropriate.

Source reconciled; independent clinical, pharmacy and patient/PPI review pending. Selected effects; not a complete medicine leaflet.

A picture of side effects

Numbered symptom boxes connect to the anatomical illustration. The medicine responsible may be uncertain; report the symptom.



Selected effects, not every possible effect or a prediction. Blood-count, skin and line markers are schematic. Number and text carry meaning; colour is decorative.

Fever, shivers or suddenly unwell: contact oncology immediately. Severe chest pain, breathing difficulty, collapse or seizure: 112 / 999.

Your treatment, at home.

Important medicine-specific effects

Pembrolizumab

- Immune inflammation of lungs, bowel, liver, kidneys, glands, skin and other organs
- Serious infusion reactions
- Effects can develop after treatment ends

Pemetrexed

- Low blood counts and infection
- Fatigue, nausea, mouth soreness and rash
- Kidney toxicity; folate and B12 supplementation are required

Carboplatin

- Low blood counts, infection or bleeding
- Nausea and vomiting
- Allergic reactions
- Kidney, hearing and nerve effects

Surgery, radiation and monitoring: [open the whole-treatment map](#) or scan the QR.

Make the plan practical

Induction: carboplatin-containing cycles 1-4

High emetic risk is driven by carboplatin AUC5. Dedicated NCIS carboplatin row has no routine olanzapine. Do not combine rash and antiemetic dexamethasone courses without reconciliation. Carry immunotherapy alert card; do not wait until next cycle for possible immune toxicity.

Maintenance: pembrolizumab + pemetrexed

Folate, B12 and rash prophylaxis continue because pemetrexed continues. Carboplatin ends after induction; review supportive prescriptions at the phase change. Continue renal, glucose, thyroid and immune-toxicity monitoring.

Emergency: 112 / 999. Severe breathing difficulty, collapse, seizure or severe chest pain needs emergency help.

Contact oncology immediately for temperature $\geq 37.5^{\circ}\text{C}$ or $\leq 36^{\circ}\text{C}$, shivering or suddenly feeling unwell, even with a normal temperature. Follow your own hospital's instructions. If you cannot reach the team, seek urgent medical assessment.

YOUR ONCOLOGY TEAM · DAYTIME

Insert numbers here

Acute Oncology Service

YOUR ONCOLOGY TEAM · OUT OF HOURS

Insert numbers here

Ask for medical oncology

EVENINGS / OVERNIGHT

Your out-of-hours pathway / nearest ED

Other hospitals: use the numbers your team provides.



Complete reference, visual timeline and passport

<https://sactcheck.com/patient/00568/>

Sources and review status are available online. Follow your own prescription and hospital instructions.