# 治療スケジュール

D-3

| *レジメン名 | FP療法(28日間)(食道) |
|---|---|
| *投与量・投与日 | CDDP80mg/㎡ d1、 5FU800mg/㎡/日 d1～5 |

| *手技 | 癌 | *薬品名・*用法・コメント・*休薬完了 | *数量 | *単位 | 点滴時間・点滴速度 | d(1) | d(2) | d(3) | d(4) | d(5) | d(28) | d( ) | d( ) | d( ) | d( ) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 側管点滴注射 メインルート | | 生理食塩液 | 250 | mL | 90分 | ○ | | | | | | | | | |
| | | デキサート注射液 | 9.9 | mg | | ○ | | | | | | | | | |
| | | グラニセトロン注 | 1 | A | | ○ | | | | | | | | | |
| | | 1日1回 | | | | | | | | | | | | | |
| | | 点滴開始時にイメンドカプセル125mg内服 | | | | | | | | | | | | | |
| | | 側管2 | | | | | | | | | | | | | |
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| 側管点滴注射 メインルート | | 生理食塩液 | 50 | mL | 15分 | | ○ | ○ | ○ | | | | | | |
| | | デキサート注射液 | 6.6 | mg | | | ○ | ○ | ○ | | | | | | |
| | | 1日1回 | | | | | | | | | | | | | |
| | | 側管2 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 側管点滴注射 メインルート | | 生理食塩液 | 500 | mL | 2時間 | ○ | | | | | | | | | |
| | ☆ | シスプラチン注 | 80 | mg/㎡ | | ○ | | | | | | | | | |
| | | 1日1回 | | | | | | | | | | | | | |
| | | 側管2 | | | | | | | | | | | | | |
| | | メイン止めて | | | | | | | | | | | | | |
| | | 無菌製剤処理料1 | | | | | | | | | | | | | |
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| 側管点滴注射 メインルート | | 生理食塩液 | 250 | mL | 1時間 | ○ | | | | | | | | | |
| | | フロセミド注 | 0.5 | A | | ○ | | | | | | | | | |
| | | 1日1回 | | | | | | | | | | | | | |
| | | 側管2 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 側管点滴注射 メインルート | | 生理食塩液 | 250 | mL | 5日間 2mL/h | ○ | | | | | | | | | |
| | ☆ | フルオロウラシル注 | 4000 | mg/㎡ | | ○ | | | | | | | | | |
| | | 1日1回 | | | | | | | | | | | | | |
| | | 側管1 | | | | | | | | | | | | | |
| | | 全量240mLに。(Infusor LV2) | | | | | | | | | | | | | |
| | | 無菌製剤処理料1 | | | | | | | | | | | | | |
| | | 携帯型ディスポーザブル注入ポンプ(化学療法用) | | | | | | | | | | | | | |
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| | | 休薬完了 | | | | | | | | | ● | | | | |
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| | | **以下別オーダー** | | | | | | | | | | | | | |
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| 通常点滴注射 メインルート | | (ハイドレーション) | | | | | | | | | | | | | |
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| 内服 | | イメンドカプセル | 125 | mg | day1 | | | | | | | | | | |
| | | 1日1回 朝 | | | | | | | | | | | | | |
| | | デキサート点滴開始時 | | | | | | | | | | | | | |
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| 内服 | | イメンドカプセル | 80 | mg | day2・3 | | | | | | | | | | |
| | | 1日1回 朝食後 | | | | | | | | | | | | | |
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| 内服 | | ロラゼパム錠(0.5mg) | | | | | | | | | | | | | |
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