# レジメン登録内容

診療科：**膠原病・リウマチ内科**　　対象疾患：**全身性エリテマトーデス**

申請医師:

コード：**H-3001**

レジメン名：**ベンリスタ(初回・2回目)**

承 認 日：**2021/10/29**

1コース：　**14** 日間　　標準コース数：　　**1**　　回

| Rp | 処方 | DOSE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 点滴静注 - メイン | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 生理食塩液注 50mL | 1 本/body | ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 速度：全開で | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 点滴静注 - メイン | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ベンリスタ点滴静注(120mg,400mg) | 10 mg/kg | ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 生理食塩液 250mL | 1 本/body | ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 時間：1時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ベンリスタ上限値:10mg/kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 点滴静注 - メイン | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 生理食塩液注 50mL | 1 本/body | ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 速度：全開で | | | | | | | | | | | | | | | | | | | | | | | | | | | | |