

# レジメン登録内容

診療科：乳腺外科

対象疾患：乳がん

申請医師：

レジメン名：3wPemb+wPTX+wCBDCA(乳腺)

コード：M-1085

承認日：2022/10/14

1コース： 21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 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------|------------------------|----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1                   | 点滴静注 - 側管              |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 生理食塩液注 50mL            | 1 本/body             | ↓ |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 速度：全開で                 |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                   | 点滴静注 - メイン             |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | キイトルーダ注                | 200 mg/body          | ↓ |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 生理食塩液注 100mL           | 1 本/body             | ↓ |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 時間：30分                 |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 投与時、フィルターを使用してください。 |                        |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                   | 点滴静注 - メイン             |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | ファモチジン注射用20mg          | 1 A/body             | ↓ |   |   |   |   |   |   | ↓ |   |    |    |    |    |    |    | ↓  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | ポララミン注 5mg/1mL         | 1 A/body             | ↓ |   |   |   |   |   |   | ↓ |   |    |    |    |    |    |    | ↓  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | デキサート注射液6. 6mg/2mL●    | 1 V/body             | ↓ |   |   |   |   |   |   | ↓ |   |    |    |    |    |    |    | ↓  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | グラニセトロン点滴静注3mgバッグ/50mL | 1 Bag/body           | ↓ |   |   |   |   |   |   | ↓ |   |    |    |    |    |    |    | ↓  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 速度：全開で              |                        |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4                   | 点滴静注 - メイン             |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 生理食塩液注 100mL           | 100 mL/body          | ↓ |   |   |   |   |   |   | ↓ |   |    |    |    |    |    |    | ↓  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 時間：30分                 |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                   | 点滴静注 - メイン             |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | パクリタキセル注               | 80 mg/m <sup>2</sup> | ↓ |   |   |   |   |   |   | ↓ |   |    |    |    |    |    |    | ↓  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 5%ブドウ糖注 250mL ●        | 1 本/body             | ↓ |   |   |   |   |   |   | ↓ |   |    |    |    |    |    |    | ↓  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                     | 時間：1時間                 |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 投与時、フィルターを使用してください。 |                        |                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

