病名：　乳癌　　レジメン名：パクリタキセル＋ベバシズマブBS

1コース期間（休薬期間含む）　28　日

| 薬剤名／ルート・用法 | 基準投与量 | 割合 | 1/1 | 1/2 | 1/3 | 1/4 | 1/5 | 1/6 | 1/7 | 1/8 | 1/9 | 1/10 | 1/11 | 1/12 | 1/13 | 1/14 | 1/15 | 1/16 | 1/17 | 1/18 | 1/19 | 1/20 | 1/21 | 1/22 | 1/23 | 1/24 | 1/25 | 1/26 | 1/27 | 1/28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 |
| | | | day1 | day2～day7 | | | | | | day8 | day9～day14 | | | | | | day15 | day16～day28 | | | | | | | | | | | | |
| | | | 未適用 | 休薬 | | | | | | 未適用 | 休薬 | | | | | | 未適用 | 休薬 | | | | | | | | | | | | |
| 注射 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生理食塩液「ヒカリ」50mL | 1 V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 末梢点滴ケモ（持続）加算A | 00:01 | | 未適用 | | | | | | | | | | | | | | 未適用 | | | | | | | | | | | | | |
| 生理食塩液「ヒカリ」100mL | 1 V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ●ベバシズマブBS点滴静注 ☆100mg 4mL | 10 mg/kg | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 末梢点滴ケモ（持続） | 00:02 | | 未適用 | | | | | | | | | | | | | | 未適用 | | | | | | | | | | | | | |
| 生理食塩液「ヒカリ」50mL | 1 V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 末梢点滴ケモ（持続） | 00:03 | | 未適用 | | | | | | | | | | | | | | 未適用 | | | | | | | | | | | | | |
| 生理食塩液「ヒカリ」50mL | 1 V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ファモチジン注射液 20mg | 1 A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| デキサート注 ☆1.65mg 0.5mL | 1 A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ポララミン注 5mg 1mL | 2 A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 末梢点滴ケモ（持続） | 00:05 | | 未適用 | | | | | | | 未適用 | | | | | | | 未適用 | | | | | | | | | | | | | |
| ブドウ糖注 5% 250mL | 1 V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ●パクリタキセル注 30mg | 90 mg/m² | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 末梢点滴ケモ CSTD（側管） | 00:10 | | 未適用 | | | | | | | 未適用 | | | | | | | 未適用 | | | | | | | | | | | | | |
| 生理食塩液「ヒカリ」50mL | 1 V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 末梢点滴ケモ（持続）加算A | 00:15 | | 未適用 | | | | | | | 未適用 | | | | | | | 未適用 | | | | | | | | | | | | | |