

病名: 胃癌

レジメン名: SOX+NIVO

1コース期間(休薬期間含む) 21 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 |
|-------------------------|-----------------------|-----|------------------|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------|------|
|                         |                       |     | 火<br>day1<br>未適用 | 水   | 木   | 金   | 土   | 日   | 月   | 火   | 水   | 木    | 金    | 土    | 日    | 月    | 火    | 水    | 木    | 金    | 土    | 日    | 月    |
| 注射                      |                       |     | day2~21<br>休薬    |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| 生理食塩液「ヒカリ」50mL          | 1 V                   |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| 末梢点滴ケモ(持続)加算A           | 00:05                 |     | 未適用              |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| 生理食塩液「ヒカリ」100mL         | 1 V                   |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| ●オプジーボ点滴静注240mg24mL     | 360 mg/BODY           | 100 |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| 末梢点滴ケモ(持続)加算A           | 00:10                 |     | 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              |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| パロチロン点滴静注パグ 0.75mg 50ml | 1 袋                   |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| デキサート注 ★3.3mg 1mL       | 1 A                   |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| アロカリス点滴静注235mg10mL      | 1 V                   |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| 末梢点滴ケモ(持続)加算A           | 00:20                 |     | 未適用              |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| ブドウ糖注 5%★500mL          | 1 V                   |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| ●オキサリプラチン注 ☆50mg        | 130 mg/m <sup>2</sup> | 100 |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| デキサート注 ☆1.65mg 0.5mL    | 1 A                   |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| 末梢点滴ケモ CSTD(側管)         | 00:25                 |     | 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           | 00:30                 |     | 未適用              |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |
| 処方                      |                       |     |                  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |

注意コメント dav1(夕)-15(朝) S-1 80-120mg 朝・夕