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# 治療計画書

療法名 JALSG AML-201 強力寛解後 第4コース(Ara-C+VP+VC+VD)　療法　1サイクル＿＿＿日

疾患名　急性骨髄性白血病

| 注射 | Rp | 商品名 | 用量(/回) | 投与ルート | 投与時間 | 1 | | | | | | | 2 | | | | | | | 3 | | | | | | | 4 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 内服 | | | 用量(/日) | 用法 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 放射線 | | 照射部位 | 照射量 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 1 | 生理食塩液 | ①200 ml | 点滴 | キープ | ① | ① | ① | ① | ① | | | ② | | ② | | | | | | | | | | | | | | | | | | |
| | | | ② 50 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 2 | グラニセトロン | 3 mg | 点滴(側管) | 30分 | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | |
| | | デキサート | 6.6 mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 3 | ラステット | 100 mg/㎡ | 点滴(側管) | 2時間 | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 500 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 4 | キロサイド | 200 mg/㎡ | 点滴(側管) | 24時間 | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 500 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 5 | オンコビン | 0.8 mg/㎡ | 点滴(側管) | 15分 | | | | | | | | ● | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 50 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 6 | フィルデシン | 2 mg/㎡ | 点滴(側管) | 15分 | | | | | | | | | | ● | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 50 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 7 | 生理食塩液 | 50 ml | 点滴(側管) | ルートフラッシュ | | | | | | ● | | ● | | ● | | | | | | | | | | | | | | | | | | |
| 注射 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 放射線 | | | Gy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

特記事項

・前治療の影響がなくなり、十分に骨髄機能が回復した後に施行
・ラステットの希釈後の使用制限時間は3時間

減量規定

| 薬品名 | | | | | |
|---|---|---|---|---|---|
| 標準投与量 | | | | | |
| 1段階減量 | | | | | |
| 2段階減量 | | | | | |
| 3段階減量 | | | | | |