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# 治療計画書

療法名　FP(800/80)+RT　療法　1サイクル 3 週

疾患名　食道がん術前(2サイクル)

| 注射 | Rp | 商品名 | 用量(/回) | 投与ルート | 投与時間 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | フィジオゾール3号 | 500 ml | 点滴 | 2時間 | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 2 | フィジオ140 | 500 ml | 点滴 | 2時間 | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 3 | アロキシ | 0.75 mg | 点滴 | 30分 | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | デキサート | 13.2 mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 100 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 5 | シスプラチン | 80 mg/㎡ | 点滴 | 2時間 | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 500 ml | 全量500mlに調製 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 4 | デキサート | 6.6 mg | 点滴(側管) | 30分 | | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 100 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 8 | フィジオゾール3号 | 500 ml | 点滴(側管) | 2時間 | | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 6 | 5-FU | 800 mg/㎡ | 点滴 | 24時間 | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | |
| | | 生理食塩液 | 500 ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 7 | フロセミド | 10 mg | 静注(側管) | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 8 | フィジオゾール3号 | 500 ml | 点滴(側管) | 2時間 | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 9 | フィジオ140 | 500 ml | 点滴(側管) | 2時間 | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射 | 10 | 生理食塩液 | 50 ml | 点滴 | 15分 | | | | | | ● | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内服 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 放射線 | | (2Gy×20回)　splitなし | 40 Gy | 月～金曜日 | | ● | ● | ● | ● | ● | | | ● | ● | ● | ● | ● | | | ● | ● | ● | ● | ● | | | | | | | | | |

特記事項

Day1：尿量1000mL/12時間以下の場合、フロセミド10mgを静注する
Day2～5：尿量750mL/12時間以下の場合、フロセミド10mgを静注する
Day1の前日：1500mL前後の補液を追加する(食事量によって)

減量規定

なし(2サイクル目：投与基準に達していない場合は中止となる)