# 外科・消化器外科（大腸癌）　　Encorafenib+Binimetinib+Cet（2回目以降）

| 分類 | GpNo. | 薬剤／手技 | 投与量 | 点滴時間・速度 | day(1) | day(2) | day(3) | day(4) | day(5) | day(6) | day(7) | day(8) | day(9) | day(10) | day(11) | day(12) | day(13) | day(14) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 注射 | 1 | IVH 埋込型力テーテルによるIVH | | | 時間未定 | | | | | | | | | | | | | |
| | | ①<br>30 分で | | | | | | | | | | | | | | | | |
| | | 生理食塩液注 100mL | 1 瓶 | | | | | | | | | | | | | | | |
| | | ★ｵﾙｶﾞﾄﾛﾝ注 3.8mg/1mL | 2 A | | | | | | | | | | | | | | | |
| | | ﾎﾟﾗﾗﾐﾝ注 5mg/1mL | 1 A | | | | | | | | | | | | | | | |
| | 2 | IVH 埋込型力テーテルによるIVH | | | 時間未定 | | | | | | | | | | | | | |
| | | ②<br>④<br>アービタックスの前後で | | | | | | | | | | | | | | | | |
| | | 生理食塩液注 50mL | 1 瓶 | | | | | | | | | | | | | | | |
| | | 後の生食はアービタックスと同じ速度で | | | | | | | | | | | | | | | | |
| | 3 | IVH 埋込型力テーテルによるIVH | | | 時間未定 | | | | | | | | | | | | | |
| | | ③<br>60 分で | | | | | | | | | | | | | | | | |
| | | 生理食塩液注 250mL | 1 袋 | | | | | | | | | | | | | | | |
| | | 要時)★アービタックス注 100mg/20mL | 250 mg /m² | | | | | | | | | | | | | | | |
| | 4 | IVH 埋込型力テーテルによるIVH | | | 時間未定 | | | | | | | | | | | | | |
| | | ポートフラッシュ用 | | | | | | | | | | | | | | | | |
| | | 処置)生食注ｼﾘﾝｼﾞ「NP」10mL | 1 筒 | | | | | | | | | | | | | | | |
| | 5 | IVH 埋込型力テーテルによるIVH | | | | | | | | | | 時間未定 | | | | | | |
| | | ①<br>30 分で | | | | | | | | | | | | | | | | |
| | | 生理食塩液注 100mL | 1 瓶 | | | | | | | | | | | | | | | |
| | | ★ｵﾙｶﾞﾄﾛﾝ注 3.8mg/1mL | 2 A | | | | | | | | | | | | | | | |
| | | ﾎﾟﾗﾗﾐﾝ注 5mg/1mL | 1 A | | | | | | | | | | | | | | | |
| | 6 | IVH 埋込型力テーテルによるIVH | | | | | | | | | | 時間未定 | | | | | | |
| | | ②<br>④<br>アービタックスの前後で | | | | | | | | | | | | | | | | |
| | | 生理食塩液注 50mL | 1 瓶 | | | | | | | | | | | | | | | |
| | | 後の生食はアービタックスと同じ速度で | | | | | | | | | | | | | | | | |
| | 7 | IVH 埋込型力テーテルによるIVH | | | | | | | | | | 時間未定 | | | | | | |
| | | ③<br>60 分で | | | | | | | | | | | | | | | | |
| | | 生理食塩液注 250mL | 1 袋 | | | | | | | | | | | | | | | |
| | | 要時)★アービタックス注 100mg/20mL | 250 mg /m² | | | | | | | | | | | | | | | |
| | 8 | IVH 埋込型力テーテルによるIVH | | | | | | | | | | 時間未定 | | | | | | |
| | | ポートフラッシュ用 | | | | | | | | | | | | | | | | |
| | | 処置)生食注ｼﾘﾝｼﾞ「NP」10mL | 1 筒 | | | | | | | | | | | | | | | |
| 処方 | 1 | | | | ● | → | → | → | → | → | → | → | → | → | → | → | → | → |
| | | 要時)★ﾒﾄﾋﾟﾁ錠 15mg | 90 mg /Body | | | | | | | | | | | | | | | |
| | | 分2:朝夕食後約30分 | | | | | | | | | | | | | | | | |
| | 2 | | | | ● | → | → | → | → | → | → | → | → | → | → | → | → | → |
| | | 要時)★75mg ﾋﾞﾗﾌﾄﾋﾞｶﾌﾟｾﾙ | 300 mg /Body | | | | | | | | | | | | | | | |
| | | 要時)★50mg ﾋﾞﾗﾌﾄﾋﾞｶﾌﾟｾﾙ | 300 mg /Body | | | | | | | | | | | | | | | |
| | | 分1:朝食後約30分 | | | | | | | | | | | | | | | | |
| ｺﾒﾝﾄ | | | | | | | | | | | | | | | | | | |