

| ID:   | =患者情報!B1   |   |   | (キイトルーダ+CapeOX) 療法   |   |                              |   | 施行日  |   | クール                        |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|---|--|---|---|--|---|------------------------------|---|--|---|----------------------------|---------------------|---|-------|---|--|--|-----|---|-------|----|----|-------|----|-------|----|----|--------|---|-------|---|--|---|-------|---|--|--|-----------|---|--|--|--|--|---|--|--|--|----------|---|--|--|--|--|---|--|--|--|---------------------------------------|--|-----|-----|
| 患者氏名  | =患者情報!B2 殿   |   |   |  |   |                              |   | 入院/外来  |   | 入力日                        |                     | 年 | 月     | 日 |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 年齢 性別   | =患者情報!B6   | =患者情報!B7  | =患者情報!B8  |  |   |                              |   | 年  | 月   | 日                          |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 疾患名   |  |   |   |  |   | 開始日                          |   | 年  | 月   | 日                          |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| クール   | カペシタビン: 2週投与1週休薬<br>ヘムフロリス・マブ、L-OHP: Day1(3週毎)   |   |   |  |   | 診療科                          |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 備考  | L-OHP: 6クールまで  |   |   |  |   | 医師名                          |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 重要  | B型肝炎の再活性化(de novo B型肝炎)対策として、右記の検査が未実施の場合は、全例スクリーニング対象となります。化学療法開始前or初回投与時に測定して下さい。<br>※詳細については、『化学療法により発生するB型肝炎対策～浦添総合病院バージョン～』をご参照下さい。 |   |   |  |   |                              |   | <input type="checkbox"/> HBs抗原<br><input type="checkbox"/> HBs抗体<br><input type="checkbox"/> HBc抗体 |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   | 適応基準   | <input checked="" type="checkbox"/> 1st Line <input type="checkbox"/> 2nd Line <input type="checkbox"/> 3rd Line以降<br><input type="checkbox"/> 術前 <input type="checkbox"/> 術後補助 <input checked="" type="checkbox"/> 進行 <input checked="" type="checkbox"/> 再発<br><input checked="" type="checkbox"/> HER2陰性 |   |  |   | 告知の有無                        |   | P S  | 同意書取得   | <input type="checkbox"/> 済 |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 薬品名   | 単位   | 薬品名   | 単位  | 薬品名  | 単位  | 身長                           | cm  | 体重   | kg  | 体表面積                       | 0.00 m <sup>2</sup> |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| ヘムフロリス・マブ 200<br>※固定用量※   | <input type="checkbox"/> mg/m <sup>2</sup><br><input checked="" type="checkbox"/> mg/body  | カペシタビン2,000<br>(1回1,000mg/m <sup>2</sup> )  | <input checked="" type="checkbox"/> mg/m <sup>2</sup><br><input type="checkbox"/> mg/body | オキサリプラチン130<br>(L-OHP)   | <input checked="" type="checkbox"/> mg/m <sup>2</sup><br><input type="checkbox"/> mg/body |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   |  |   |   |  |   | 外来化療加算                       | <input checked="" type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> 対象外 | CVポート留置  | <input type="checkbox"/> 済<br><input type="checkbox"/> 予定 |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| レジメン内容  |  |   |   |  |   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 順番  | 医薬品名   |   |   | 投与量  |   | 投与部位(メイン)                    |   | 投与スケジュール   |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 経口  | カペシタビン錠 (300mg)  |   |   | mg/2x  |   | P.O                          |   | 朝  | mg  |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   |  |   |   |  |   |                              |   | 夕  | mg  |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   |  |   |   |  |   |                              |   | 2週投与1週休薬   |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| ①   | ヘムフロリス・マブ注<br>[キイトルーダ]   |   |   | 200 mg   |   | D.I.V                        |   | 30分  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   | 生食液(100mL)   |   |   | 100 mL   |   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| ②   | デキサート注(3.3mg)  |   |   | 3.3mg  |   | D.I.V                        |   | 15分  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   | アロキン点滴静注バッグ<br>(0.75mg/50mL/袋)   |   |   | 1袋   |   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| ③   | オキサリプラチン注<br>[エルプラット]  |   |   | mg   |   | D.I.V                        |   | 2時間  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   | デキサート注(3.3mg)  |   |   | 3.3mg  |   | デキサート注は血管痛予防<br>目的でpH調整のため混注 |   | 血管痛の状態に<br>合わせて延長可   |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
|   | 5%ブドウ糖液<br>※末梢静脈と中心静脈の場合で用量変更あり  |   |   | <input type="checkbox"/> 500mL (末梢静脈投与の場合)<br><input type="checkbox"/> 250mL (中心静脈投与の場合) |   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 7クール目以降は、エルプラットなし → カペシタビン内服+①キイトルーダのみ投与  |  |   |   |  |   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 内服・外用処方にて手足症候群予防対策をお願いします。<br>(1) ビドキサル錠(10) 3～6錠/日, (2) 保湿剤(ヒルドイドなど)   |  |   |   |  |   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| 薬剤師へ;キイトルーダ混注時は必ずフィルター付きプライミングセットを使用して下さい。  |  |   |   |  |   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| <table border="1"> <thead> <tr> <th></th><th colspan="4">1Kur目</th><th colspan="4">2Kur目</th></tr> <tr> <th>Day</th><th>1</th><th>.....</th><th>14</th><th>15</th><th>.....</th><th>22</th><th>.....</th><th>35</th><th>36</th></tr> </thead> <tbody> <tr> <td>カペシタビン</td><td>↓</td><td>.....</td><td>↓</td><td></td><td>↓</td><td>.....</td><td>↓</td><td></td><td></td></tr> <tr> <td>ヘムフロリス・マブ</td><td>↓</td><td></td><td></td><td></td><td></td><td>↓</td><td></td><td></td><td></td></tr> <tr> <td>オキサリプラチン</td><td>↓</td><td></td><td></td><td></td><td></td><td>↓</td><td></td><td></td><td></td></tr> </tbody> </table> |  |   |   |  |   |                              |   |  | 1Kur目   |                            |                     |   | 2Kur目 |   |  |  | Day | 1 | ..... | 14 | 15 | ..... | 22 | ..... | 35 | 36 | カペシタビン | ↓ | ..... | ↓ |  | ↓ | ..... | ↓ |  |  | ヘムフロリス・マブ | ↓ |  |  |  |  | ↓ |  |  |  | オキサリプラチン | ↓ |  |  |  |  | ↓ |  |  |  | 7クール目以降:エルプラットなし<br>→カペシタビンキイトルーダのみ投与 |  | 確認者 | 監査者 |
|   | 1Kur目  |   |   |  | 2Kur目   |                              |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| Day   | 1  | .....   | 14  | 15   | .....   | 22                           | .....   | 35   | 36  |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| カペシタビン  | ↓  | .....   | ↓   |  | ↓   | .....                        | ↓   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| ヘムフロリス・マブ   | ↓  |   |   |  |   | ↓                            |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |
| オキサリプラチン  | ↓  |   |   |  |   | ↓                            |   |  |   |                            |                     |   |       |   |  |  |     |   |       |    |    |       |    |       |    |    |        |   |       |   |  |   |       |   |  |  |           |   |  |  |  |  |   |  |  |  |          |   |  |  |  |  |   |  |  |  |                                       |  |     |     |