

【No.112】 CAG療法

病名 _____ 外来開始日 _____ 年 月 日 治療開始日 _____ 年 月 日
 変更日 ① _____ 年 月 日 変更日 ② _____ 年 月 日
 _____ 科 ID _____ 氏名 _____ (才)
 身長 _____ cm 体重 _____ kg 体表面積 _____ m²
 主治医 _____ 指示医 _____ 確認医(科長) _____ PS 0・1・2・3・4

HBs抗原(+) \rightarrow HBV DNA(____), HBs抗原(-) \rightarrow HBc抗体(____) HBs抗体(____)

| 指示内容 | | D1 | 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 |
|--|----|----|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | 月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ① ○ポート患者 生食20mlシリンジ(穿刺) 生食250mlでルート確保後、ロック ○末梢患者 生食250mlでルート確保後、ロック | 指示 | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| | 受領 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 入力 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ② {グラニセトンバッグ100ml or 生食100ml+アロキシ(0.75) 1 A} +デキサート _____mg+ポララミン _____A +{ファモチジン _____A or プロイメンド150mg} (30min) ※プロイメンド使用する場合、使用后「生食50ml全開」を投与 | 指示 | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 受領 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 入力 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ③ 生食100ml + アクラシノン _____mg (14mg/m ²) (20mg _____V) (30min) | 指示 | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| | 受領 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 入力 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ④ ①の残液でフラッシュ | 指示 | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| | 受領 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 入力 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑤ 生食20ml シリンジロック or ヘパリンシリンジロック (ポート患者のみ) | 指示 | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| | 受領 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 入力 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑥ フィルグラスチム300 μ g 1V 皮下注 1日1回 ※⑦の初回投与直前に開始 | 指示 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | |
| | 受領 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 入力 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑦ キロサイド _____mg 皮下注 1日2回 12時間毎 (20mg _____V)(10mg/m ² /回) | 指示 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | |
| | 受領 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 入力 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

嘔吐リスク:軽度 (10~30%)

嘔吐リスク:最小 (<10%)