

日期

2011年3月7日

內容摘要：

- (填寫說明：1. 如有附件請註明，如簡報檔、全文檔等
2. 需有問題與討論：請註明姓名並包含醫學倫理及 EBM 之應用
3. 需有總結，請註明做結論者【主持人】姓名
4. 請自行編排頁碼)

時間：2011/3/7

會議名稱：Journal meeting

主持人：VS 吳柏衡

記錄：R2 林進·好

<Topic>: Factors associated with PEA vs. VF

2. Standard CPR vs. active compression-decompression CPR with augmentation of negative intrathoracic pressure

<Q & A>

CR 李若 Q: OHCA in European & north Americans OS survival rate?

R1 謝姿慧 A: $\approx 5\%$

CR 李若 Q: 降低 CPR 成功率原因為何?

R1 周光緯 A: inefficient CPR, compromised hemodynamics

CR 李若 Q: Augmentation intrathoracic negative pressure during decompression phase 的好處?

R2 許力言 A: increase cardiac-cerebral perfusion, decrease intracranial pressure

CR 李若 Q: 2010 ACLS guideline compression rate?

R2 朱健銘 A: at least 100/min

CR 李若 Q: 2010 ACLS guideline 壓胸深度?

R2 林進·好 A: at least > 2 inch.

VS 吳柏衡 Q: What's ACD / ITD?

R2 徐美洲 A: Active Compression Decompression / Impedance threshold device

VS 吳柏衡 Q: standard CPR 比例?

內容摘要 (續):

PGY 陳桂輝 A. 30:2

VS 吳柏銜 A: syncope 最常見的自發性。

PGY 湯嘉玲 A: vaso-vagal

VS 吳柏銜 A: ACD-CPR + ITD 全增加哪些 adverse event?

PGY 吳坤儒 A: pulmonary edema, increased 50%.

<EBM & Evides>

1. circulation 2010:

CAD and hyperlipidemia were more likely to be associated with VF/VT

2. age, black-female, pul disease, Hx of syncope was a significant correlate to PEA.

<Key point>

1. therapeutic benefit of CPR - highly dependent on time to start of CPR.

2. No survivors with favorable neurological function when CPR started > 10 mins.

<VS comments>

VS 吳柏銜:

1. ACD-CPR+ITD significantly increased survival to hospital 2. also with favorable neurological function

3. greater blood flow improved cerebral perfusion.

總結: R+ 吳柏銜