

日期

2011年3月5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)

主題：special lecture

主講人：王宗師主任

地點：B2同新園

記錄：R2徐英洲

Q1 CR李茹：32% female. conscious change. suspect drug overdose. ECG?

A1 R1游淑寧：QTc prolong.

Q2 CR李茹：what's J point.

A2 R1許力宏：科平轉折點.

Q3 CR李茹：meaning of J point?

A3 R1周志華：比較有無 ST elevation.

Q4 CR李茹：ECG of lithium intoxication?

A4 PGY梁子遠：SA block. AV block. possible U wave

Q5 CR李茹：QTc prolong 情形？

A5 PGY吳沛霖：hypok. hypomg. some kind of Antibiotics (Quinolone)

Q6 CR李茹：Other drug to induce prolonged QT?

A6 R2徐英洲：Antihistamine. Macrolide (Erythromycin). Antifungal agent

Q7 CR李茹：45% female. diarrhea. fever. Tachycardia. first impression?

A7 R2林建銘：infectious diarrhea.

Q8 CR李茹：Heart sound ~~stet~~ revealed irregular-irregular?

A8 R2林建銘：Af. MAT.

Q9 CR李茹：如何證實 paroxysmal 或 chronic Af?

A9 R2蘇銘銘：可照 CXR. 如有 heart enlargement 傾向 chronic Af.

Q10 CR李茹：如為 paroxysmal Af, 還考慮何種問題?

A10 R1游淑寧：Endocrine (thyroid function)

內容摘要 (續):

< EBM review >

lithium level: > 2.5 . 可能會有 unsteady gait. Conscious change
Hypertension: ECG showed LVH. hypertensive retinopathy. proteinuria.
等神經系統症狀!

< Ethic topic >

腎功上升, HR 增加 20 下.
maximum predicted HR: $220 - \text{age}$.
VT: fusion beat. capture beat. AV dissociation

< VS comment >

王集倫 主理: Triage should be integrated all available information.
respiratory alkalosis: ICP, early sepsis.
RBBB in AMI. LAD proximal lesion. instead of RCA.

< Key point >

Always keep in mind of endocrine problem when faced with
Re-evaluate every patient & integrate the clinical information.
Don't believe completely what your colleague tell you because error is human
R2 | 吳英明