

日期 | 100年 4月 6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: principles of mechanical ventilation.
 地點：R2 同新園
 主講人：王宗倫主任
 記錄：R2 徐英洲

- Q1 CR 曾理銘: origin of mechanical ventilator?
- A1 R1 吳志華: Negative-pressure & positive-pressure ventilator
- Q2 CR 曾理銘: zone 1 ~ zone 3. of lung which zone is dead-space?
- A2 R1 許和彰: zone 1.
- Q3 CR 曾理銘: Which zone is shunting?
- A3 R1 許力云: zone 3.
- Q4 CR 曾理銘: CO₂ producing increased?
- A4 R2 朱建銘: fever, sepsis, injury, overfeeding
- Q5 CR 曾理銘: V_D increased?
- A5 R1 周光輝: Atelectasis - lung injury, ARDS, pulmonary embolism
- Q6 CR 曾理銘: SIMV: synchronous intermittent mandatory ventilation?
- A6 R2 徐英洲: permit patients have spontaneous breathing.
- Q7 CR 曾理銘: Pressure support mode?
- A7 R2 徐英洲: Triggered by patient's own breath
- Q8 CR 曾理銘: Assist 'Control mode?
- A8 R1 游步寧: Ventilator delivers a fixed volume - Assist mode?
- Q9 CR 曾理銘: Patient initiates all breaths.
- A9 R1 許力云: Ventilator setting to improve oxygenation?
- Q10 CR 曾理銘: Titrate PEEP.
- A10 R2 徐英洲:

內容摘要 (續):

< EBM ~~topic~~ Review >

CPAP: use in conjunction with bronchodilator, steroid, weaning protocols, obstructive sleep apnea.

→ Shown to reduce need for intubation and mortality in COPD patients.

< Ethical topic >

Muscle Relaxants should be used in combination with Sedatives.

F_iO₂: long term toxicity at > 60%.

Continued Ventilation after successful SBT: Altered mental status, potentially difficult reintubation. Need for frequent suctioning.

< VS comment >

至字偏主任 Shunting: Atelectasis, pneumonia, ARDS, CHF, haemorrhage.
Oxygen delivery: in proportional of arterial oxygen content and cardiac output.

< Key points >

VE regulated by brain stem, mainly by CO₂ & pH.

V/Q mismatching = patient position, airway pressure, pulmonary parenchymal disease, small-airway disease.

A-a gradient measures efficiency of ventilation.

R₂
呼吸