

日期

100年4月19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：身診 (case 研討會)

時間：2011/4/19 08:30 ~ 09:30

地點：同心圓會議室

主持人：林五偉醫師

紀錄：R1 許力云

(Q and A)

Q1 Q Old age & acute delirium? (林五偉 vs.)

A. vascular, intoxication (In 翁君全)

2. Q. vs 林五偉: why hyponatremia?

A. R1 黃祥雲: may due to several reasons such as fluid ↑

3. Q. vs 林五偉: why hypo cortisol?

A. R1 許哲新: may due to adrenal insufficiency

4. Q. vs 林五偉: why syncope.

A. R1 吳志華: may due to vascular event

5. Q. vs 林五偉: why psychosis?

A. R1 張詠維: may due to metabolic problem

6. Q. vs 林五偉: why hallucination?

A. R1 周光輝: psychotic problem, stroke, brain tumor

7. Q. vs 林五偉: Adrenal insufficiency of hypothyroidism

A. R1 江引琴: may due to autoimmune disease

8. Q. vs 林五偉: patient & consciousness change.

A. R1 許力云: we should considered infection or stroke or hypotension first

9. Q. vs 林五偉: Alcohol withdrawal?

A. R1 徐景洲: If patients not drink for a long time

內容摘要 (續):

10. Q. 以林立偉: Old man & dementia possibilities  
A. 吳蘇銘: not rule out.

(EPM and ethic issue)

1. Q. When a patient & acute delirium (VS 林立偉)  
A. IWATCHDEATH 來 DDX (吳許哲雲)
2. Q. 以林立偉: Steroid psychosis 時 ACTH cortisol level?  
A. 吳志華: steroid 可正常, ACTH 可正常
3. Q. 以林立偉: 以 MIDSO 來 DDX delirium  
A. 吳國光: Metabolic/Infectious Drug/Stroke / Others

(US comment)

- 以林立偉:  
1. When accompany with PM we done more before  
we should always be cautious and carefully evaluate  
the patient.
2. US 林立偉:  
Drug is always the most possible diagnosis of  
delirium
3. US 林立偉:  
Steroid psychosis may increase risk when increase  
dosage. but may still have possibility in low  
dosage steroid.

吳蘇銘: 吳許哲雲