

日期

99年 2月 22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：2010/2/22 8:30 ~ 9:30 AM

名稱：72 hours return case report

主持人：VS 翁健瑞

地點：B2 同新園

<Topic> 72 hours return case report

<QAA>

Q1 VS 翁健瑞：72 hrs return case 住院率以哪一科為主？

A1 R1 徐英洲：以外科和內科為主

Q2 VS 翁健瑞：Vreatribias indication for admission?

- A2 R2 林俊龍：
- ① Infection with concurrent obstruction
 - ② transplanted kidney with obstruction
 - ③ uncontrolled pain
 - ④ intractable emesis

Q3 VS 翁健瑞：most frequent "non-cardiac condition" in coronary care unit?

A3 R2 劉勁穎：biliary colic or early acute cholecystitis

Q4 VS 翁健瑞：clinical course of acute cholecystitis?

A4 R1 林益婷：midline position of epigastrium → RUQ tenderness particularly occurred post-prandially

Q5 VS 翁健瑞：normal upper limit of mediastinum?

A5 R2 曾理銘：8-10 cm

內容摘要 (續):

Q6: Vs 翁健瑞: 四肢BP左右相差多少可能有意義?

A6: R2 趙仲倫: 20 ~ 30 mmHg.

Q7: Vs 翁健瑞: Pediatric cough 那些情況下要考慮 asthma?

A7: R2 陳松坤: ① chronic ~~cough~~ cough in children older than 3 y/o
② nocturnal cough
③ seasonally
④ to specific exposure.

Q8: Vs 翁健瑞:

A8: R2 李尚: Asthma attack PE ± wheezing, 'silent chest' asthma exacerbation implies airflow limitation of such severity that audible wheezes can not be produced - a medical emergency
sign of resp. distress of children

Q9: Vs 翁健瑞:

A9: R1 林榮輝: suprasternal or intercostal retractions
nasal flaring - can't lie down, accessory muscle use
Pulse oximetry to asthma exacerbation ± 2次脈搏?

Q10: Vs 翁健瑞:

A10: R2 劉邵穎: repeat pulse oximetry < 92 ~ 94% after 1hr
→ indication for need hospitalization.
Acad Emerg Med. 2002; 9: 488
Ann Emerg Med. 1998; 31: 579

<EBM & ethics >

<key point >

<Vs comment >

Return visits by patients are inevitable and are part and parcel of any busy ED. We looked into the reasons behind these return visits with an aim to identify any weaknesses in the system and propose possible strategies to reduce this.

紀錄
R2 陳松坤