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日期 2010年5月27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)

Topic: Infection man special lecture

Date: 5/27

oriented by VS 黃建賢

Recorder = R1 蔡詠晴

(Q&A)

Q1 (VS 黃建賢) = 若 wd culture 皆在腦中 菌素為何?

A1 (R1 蔡詠晴) = 菌子可能偏腦道子的感染。

Q2 (VS 黃建賢) = 哪些是菌素?

A2 (R1 蔡詠晴) = enterobacter, enterococci, bacitracin, vancomycin ... etc.

Q3 (VS 黃建賢) = What's the etiology of IAI (intra-abdominal infection)

A3 (R1 蔡詠晴) = polymicrobial in nature.

內容摘要 (續):

- Aerobes = E. coli, Klebsiella, streptococcus, Proteus, Enterobacter
- Anaerobes = bacteroides, Peptostreptococcus, Clostridium spp.
- Mycobacter = Pseudomonas, Serratia, Acinetobacter, Candida.

Q4 (VS 腹膜炎?) = What's the peritonitis to causate pathogen,

Q4 (VS ~~腹膜炎~~), ① Primary peritonitis

- E. coli, KP, Aeromonas, SRP

② Secondary peritonitis

- Hepatobiliary, pancreatitis
- Colitis, diverticulitis, bowel perforation
- Cancer or TB peritonitis

③ Tertiary peritonitis

- Pseudomonas, Enterococcus, Acinetobacter, Candida

<FBM>

VS 腹膜炎? ① Complicated intra-abdominal infection for 5% of all admissions

- ② Might begin as non-specific symptoms
- ③ Could become surgical disease

<VS comment>

VS 腹膜炎: ① Goals of ZPIs Management 主要是 V/S stable

- ② 及 控制感染
- ③ 找出 anatomical focus of infection
- ④ 及 prevent post-op infection & tertiary peritonitis

記錄 2/2 劑 5/2 劑