

日期

2010年11月16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)

Date: 2010/11/16

Topic: CPC scenario

Record: CR 診斷

Oriented: VS 林立

Q1: Acute renal injury definition  
CR 診斷

A1: onset < 48hrs, absolute  $\uparrow$  creato. 3, serum creat  $\uparrow$  75%  
clerk 林立  
decrease in urine output

Q2: warning symptoms of back pain (low)  
VS 林立

A2: R. 林立  
Malignancy, osteomyelitis, cauda equina syndrome  
AAA rupture.

Q3: CR 診斷 = manifestation of hypertension

A3: clerk 林立  
short QT, const change, weakness  
constipation, peptic ulcer.

Q4: CR 診斷 which type of AKI presented with FENa < 1%.

A4: R. 林立  
pre-renal, post-renal.

Q5: CR 診斷 what comprise post-renal ~~feature~~ AKI.

A5: R. 林立  
uroolithiasis, AUP, micro-obstruction

內容摘要 (續):

Q6 CR3) 敘述: Young 的 DDX.

A6 R1 竹節痛: CNS, systemic AZ tract

Q7 CR3) 敘述: Thoms 的診斷.

A7 clerical 去糖軒: > 3 處 > 3cm of necrosis R10 only  
By CT.

Q8: vs 林立偉: Acute kidney injury 40 CR2 區分?

A8: R2 關鍵詞: Anomalous kidney size, FENa.

Q9: vs 林立偉: pneumonia 40 lung ca. 如何區分.

A9: CR 考詞: pneumonia: fever, air bronchogram, spicula  
lung ca. mass. Bur loss, paraneoplastic syndrome

Q10 CR3) 敘述: Treatment of hypercalcaemia

A10 R2 竹葉青: Calcitonin, Bisphosphonate, hydration, loop diuretic

Ethic point LEBM

google Back pain, pvd. ATZ = hypercalcaemia

comment:

要把所有表現連在一起

Take home:

Recorded By CR

hypercalcaemia: Multiple myeloma

8) 敘述

Advanced Cancer