

Monitor Diagnosis

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Scenario

- 醫生：有沒有過敏史？
病患：我好像某種消炎的過敏。
醫生：到底是什麼過敏啦？
病患：好像是@#\$#過敏。
- 醫生：之前有沒有DM/HTN
病患：病歷不是都在這~~!@#\$!#@。
- 醫生：之前有沒有DM/HTN
病患：我跟你說，我三十年前!@##\$!#@。

Rule

請直接忽略連病人都忘記了的

- 過敏史
- 過去病史

- 愛用過敏金句：你吃普拿疼會不會過敏。
- 愛用過敏金藥：Ultracet/Morphine/Tinten。

- 只在真正需要時，取得真正重要的過去病史，無法取得就用驗的。

Scenario

某個20:50

第一床疑似Aortic Dissection在On Monitor。
第二床COPD吸完藥在用氧氣。
第三床疑似ACS在On Monitor。
有三個新病人沒看，四本待處理病患。
Next Step?

Rule

- Always 想想下一刻出現Trauma Red和重症患者的可能。
- 摒除無效處置。

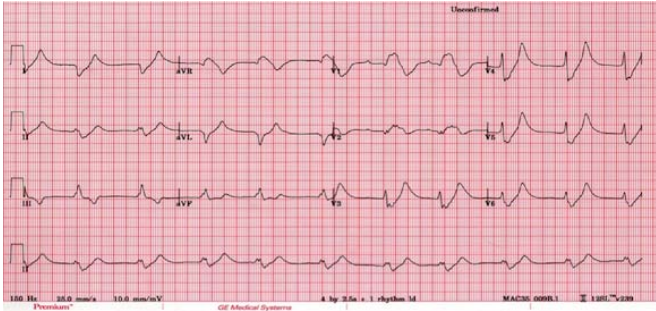
Scenario 1

- 35 y/o Male, 上個月剛診斷出HCC with Lung Metastasis, 今天喘, SpO2: 78%, 目前準備插管, 家屬仍無法決定是否DNR。



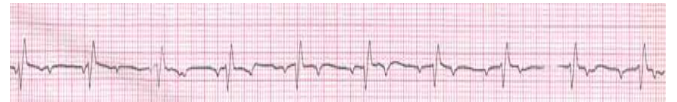
- 護理師：Dormicum打完囉，要打 Succinycholin 80mg 囉！

Rule



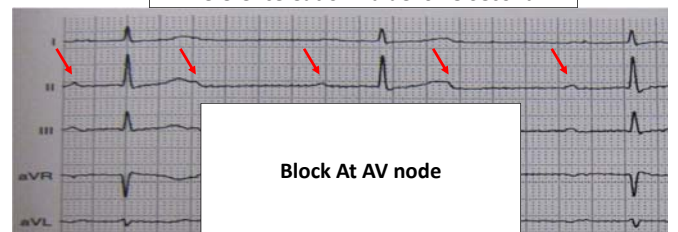
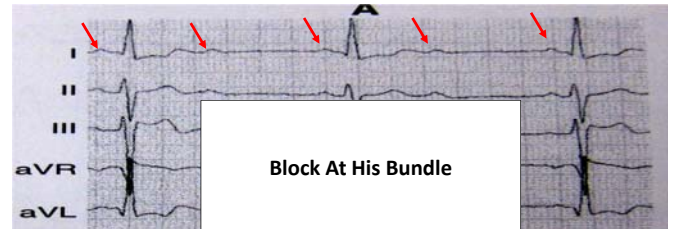
Scenario 2

- 50 y/o Female, 門診轉入病患, 主訴頭暈, 心電圖已經做完了, 放在31床On Monitor, 正在和家人聊天吃飯, 目前無症狀。



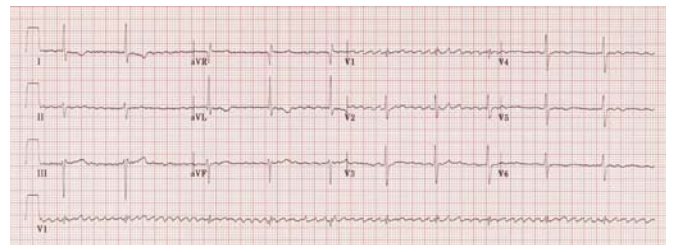
Rule

- Low grade AV Block
 - First Degree AV Block (Long PR)
 - Mobitz Type I Second Degree AV Block (Long PR)
- High grade AV Block
 - Mobitz Type II Second Degree AV Block (Short PR)
 - Complete AV Block (Irregular PR)



Scenario 3

- 75 Y/O Male, 主訴 Conscious Change, HR:40, BP: 80/60, GCS: E3V5M6, Diaphoresis.
- BedSide Echo Showed No Pericardial Effusion, With Fair Contractility



Scenario 4

- 75 Y/O Male , 主訴Conscious Change, HR:40, BP: 80/60 , GCS: E3V5M6 , Diaphoresis 。
- BedSide Echo Showed No Pericardial Effusion, With Fair Contractility

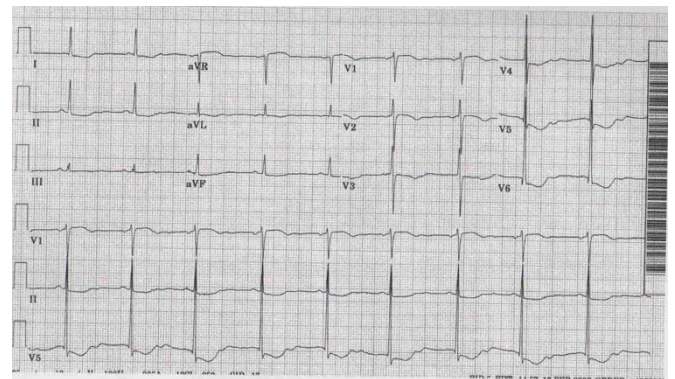
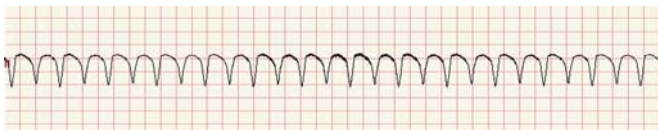


Rule

- 何者不為Complete AV Block條件?
A Rate > V Rate
Wide QRS
AV Dissociation
- Dopamine, Atropine, Theophylline
- TCP

Scenario 5

- A Patient In ICU with ESRD s/p CVVH
- BP measured by Cuff: 90/60



- K:3.3

Scenario 6

Infectious Diarrhea , 剛開完藥回家 , 回家後馬上高燒 , Cons Drowsy.
42°C, Sinus Tachycardia 180, BP:120/80
Agitation.

Rule

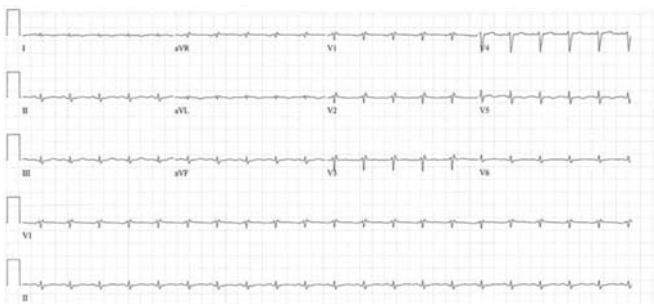
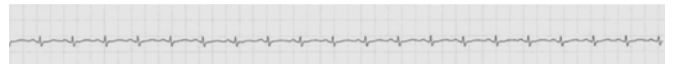
- 插管有很多好處。
 - 降低能量產生。
 - Sedation後好做事。

ER Endocrine Cock Tail

- Except DM Emergency
- Hydrocortisone
- D5S
- +/- Propranolol
- +/- PTU
- +/- Eltroxin

Scenario 7

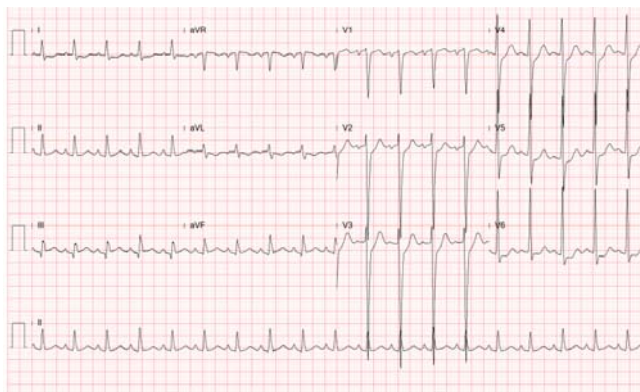
- 67 y/o, Male, Lung Ca. and Pleural Effusion History
- 36.6/115/30
- SOB
- Portable CxR Pending.



Scenario 8

- 60 Y/O SpO2:84%, BP 170/130 HR:130
- Acute Onset SOB Tonight
- Bil. Crackles
- No Foot Edema
- PCT(Negative), Tazocin, Lasix 8amp
- 準備On ETT

Management?

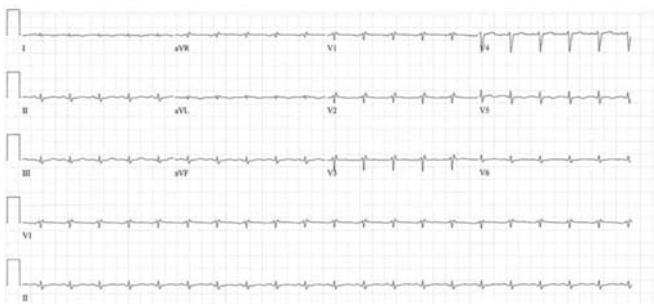
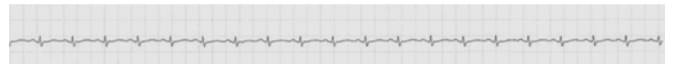


Rule

- Non Edema Foot + Pulmonary Edema
 - MR
 - AMI

Scenario 9

- 67 y/o, Male, Lung Ca. and Pleural Effusion History
- 36.6/115/30
- SOB
- Portable CxR Pending.



Rule

- Tachycardia+Low Voltage → Cardiac Tamponade
- 看到心跳100，找找看有沒有Low Voltage.
- I+II+III QRS < 15 or V1+V2+V3 < 30

