

日期

2012年01月07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: Case Conference

主持人: CR 彭啟峻

紀錄: R 羅志威

地點: 同新園

Q1 CR 彭啟峻: How do identify GCS.

A1 Clerk 呂岳峰: E: 4 spontaneous eye open V = 5/14-15
 1 to verb 0. brief sps
 2 to pain 3 words.
 1 no. 2 murmur.
 1 0.

Q2 VS 吳柏衡: How's the pt vital signs

A2 PGY 王炯凱: hypotension, HR 55 seldom cause hypotension

Q3 VS 吳柏衡: this patient's 主訴是 conscious change

A3 PGY 王炯凱: she if bradycardia cause 1/4, 房室比 HR 50

Q4 CR 彭啟峻: what history should be further clarified

A4 Clerk 呂岳峰: DM hx → 服用藥物? 有無改變.

Q5: VS 吳柏衡: then what other 鑑別診斷

A5: Clerk 柯澤華: diarrhea → electrolyte imbalance

Q6: VS 吳柏衡: 其他 鑑別診斷?

A6: PGY 王炯凱: possible alcohol use. → AKA? - drug like BZD use.

Q7: VS 吳柏衡: if possible drug abuser, what can we try & sh... be alert

A7: PGY 廖峻禮: naloxone or flumazenil could be used if sus... opioid or BZD usage, but may lower seizure threshold

內容摘要 (續):

Q8 : CR 彭勝峻 : what should do first, why.

A8 : R1 王帝皓 : on endo. due to GCS ≤ 8 ,
protect airway then fluid.

Q9 CR 彭勝峻 : what type of shock

A9 : PGY 廖峻標 : hypovolemic, cardiogenic, neurogenic, anaphylactic,
septic, obstructive.

Q10 CR 彭勝峻 : on endo BP \downarrow , $\% \downarrow$

A10 R1 王帝皓 : tension pneumothorax, cuto PEET
 \rightarrow auscultation

key point CR 彭勝峻

1. conscious change \Rightarrow first : check sugar & pupil.

2. category of consciousness change: AEIOU TIPS.

3. key endocrine related conscious change in mind
if other category have rule out

Comment. VS 吳柏銜

1. common ICH. BP would \uparrow first, then \downarrow if near CPR

2. how to diagnose non-convulsive seizure cause
conscious change \rightarrow dornicum & defect under

3. identify 病人主要問題 : definite airway.
if shock, treat ABC
first, not CT.

紀錄 王帝皓