

日期	2012 年 02 月 20 日
<p>內容摘要：</p> <p>(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)</p> <p>時間：2012/02/20 08:30~09:30</p> <p>地點：同新園會議室</p> <p>主題：Journal Meeting</p> <p>主持者：VS 王瑞芳</p> <p>報告者：R2 游姿寧/PGY 余正元</p> <p>紀錄：R2 許力云</p> <p>Q and A -</p> <p>Q1. CR 李 尚: We often use what kind of medication in hypothermia therapy case?</p> <p>A1. R2 吳志華: Using neuromuscular blocker</p> <p>Q2. CR 李 尚: What is neuromuscular blocker for?</p> <p>A2. R1 羅志威: To control shivering</p> <p>Q2. CR 李 尚: How much vecuronium dosage we use?</p> <p>A2. R2 周光緯: Vecuronium IV 0.1 mg/kg st, then 1.0 mg/kg/min</p> <p>Q3. CR 李 尚: The goal of the paper?</p> <p>A3. R2 許哲彰: To compare the effect of intravenous continuous infusion versus intermittent bolus doses of vecuronium in therapeutic hypothermia after sudden cardiac arrest (SCA).</p> <p>Q4. CR 李 尚: Why the 12 patients died within 12 hours of hypothermia</p> <p>A4. R2 周光緯: May be due to the expansion of hypothermia protocol to asystolic >15 min</p> <p>Q5. CR 李 尚: Why more underparalysis in continuous infusion group</p> <p>A5. R2 許力云: May result in quicker time to return of spontaneous respiration and extubation</p> <p>Q6. CR 李 尚: Why decreased metabolism was noted in hypothermic patients</p> <p>A6. R2 吳志華: Patient age and renal function were related to time to extubation</p> <p>Q7. CR 李 尚: Patients with stroke or AMI are awake so?</p> <p>A7. R1 羅志威: DO NOT present in a status that necessitates intubation and neuro-muscular blockade</p> <p>Q8. CR 李 尚: Patients with an acute stroke require serial neurological assessments thus?</p>	

A8.R3 林逸婷: Making sedation or anesthesia a contraindication

Q9.CR 李 尚: The study did not evaluate the case with?

A9.R2 許哲彰: This study did not evaluate the pneumonia (VAP or HAP) and APACHE II score

Q10.CR 李 尚: The limitation of the study?

A10.R2 許力云: Inconsistent documentation of TOF measurements and vecuronium doses

EBM and ethics -

Q1.CR 李 尚: Patients with stroke or AMI are awake so?

A1.R2 許哲彰: DO NOT present in a status that necessitates intubation and neuro-muscular blockade

Q10.CR 李 尚: What the guideline use for ?

A10.R2 吳志華: No guidelines for the usage of NM blocking agents

Key points -

1. Intermittent bolus of vecuronium would result in:

- Faster to goal TOF response
- Less dose to achieve goal TOF response
- Less daily dose
- More overparalysis
- Slower return of spontaneous respiration (median) and extubation (but age and renal function were more effective)

2. Cooling to body temperature below 35°C by using non-invasive surface cooling is feasible and safe in healthy, conscious, mildly sedated volunteers.

3. The use of surface cooling pads in patients with stroke or AMI

VS comment -

VS 王瑞芳: 現今仍然沒有一個標準的用藥用於低體溫病人身上，很多種的 protocol 都有人嘗試，各有各的優缺點，必須要後續的研究來探討。

紀錄: R2 許力云