日期	101年02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）

主題：M & M conference

主持人：CR 李尚 / VS 陳國鈞

報告者：~~紀錄者~~ 周光偉

紀錄：冗志威

地點：同教圖

Q1 李尚：EMT 搭救中可以手法改善者？

A1 周光偉：Call-to-scene time：改善 IA 設置点

Q2 李尚：possible cause of ROSC related?

A2 周光偉：Old age >70y/o：69%；comorbidity ↑

Q3 李尚：bedside ECHO in cardiac arrest. pt

A3 冗志威：to evaluate convertable cause of cardiac arrest ⇒ cardiac tamponade / tension pneumothorax

Q4 李尚：What possible cause of the 1st IHCA?

A4 蔡依璋：may related to correct of hyperkalemia → brain edema, or. K↑.

Q5 陳國鈞：Can we prevent this IHCA?, possible pt?

A5 林依璋：closely monitor electrolyte; the pt had scabies, may increase gap of monitor assessment.

Q6 ~~周~~李尚：What can we do in the trauma case. to prevent IHCA

A6 冗志威：if intra-abd bleeding persisted & PEA (susp. hypovolemic shock), consider OP)

內容摘要（續）：

Q7 陳國智： What the major cause of the patient's hypovolemi
A7 蘇仕煌： no obvious major cause except pelvis, we need found the major bleeding cause of the pt; the we can discuss i the operator.

Q8. 琮倫： What the health matrix effect to discuss
A8 周光偉： the patient take care to review the safety / timely / efficiency / effectiveness / equality of the take-care in a patient to find out if any we can do better.

Q9. 李杭： Common cause of pulmonary edema in ER
A9. 宛玉成： cardiac ischemic / dysrhythmic / systemic HTN

Q10: 陳國智： What cause of the pulmonary edema? can we do better?
A10. 周光偉： S1Q3T3 ⇒ pulmonary embolism, (cardiac disease: early CT; embolism: ECHO may help)

Key Point:
1. review the possible miss, then we can provide better care
2. Health matrix in patient care
3. high prevalence of AMI in VF pt (Taiwan)

VS Comment:
1. VS 陳國智： pt take care is a team care, in possible AMI case of pulmonary edema, consult CV should be part of thorax
2. VS 琮倫： in shock pt i pulmonary edema, inotropic agent is not strongly effective ⇒ never forget VF → AMI.
VS 李杭
3. Chest pain pt i shock, why think aortic dissection first? ⇒ (cardiac tamponade, rupture) may BP↓ in cardic dissect, but usually BP↑. w/o the obove two cause

新光吳火獅紀念醫院

紀錄：宛玉成