

日期	<u>2012</u> 年 <u>03</u> 月 <u>24</u> 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) 時間：2012/03/24 08:30~09:30 地點：同新園會議室 主題：72-hour return case conference 主持者：VS 翁健瑞 報告者：R2 許哲彰 紀錄：R2 許力云 <Q and A >: Q1. CR 林俊龍: Diplopia involve CN? A1. R2 吳志華: CN4, CN5, CN6 Q2. CR 林俊龍: Diplopia DD? A2. R1 羅志威: MG, horner, temporal arthritis Q3. CR 林俊龍: How could we evaluate dehydration? A3. R2 許哲彰: We can evaluate general appearance. Q4. CR 林俊龍: In dehydration the urine output? A4. R2 吳志華: decrease Q5. CR 林俊龍: In dehydration the mental status? A5. R2 吳志華: become lethargy Q6. CR 林俊龍: How about the pulse rate A6. R2 許哲彰: increase Q7. CR 林俊龍: What can we use to re-hydration? A7. R2 周光緯: hypotonic fluid in pediatric Q7. CR 林俊龍: Patients with stroke or AMI are awake so? A7. R1 羅志威: DO NOT present in a status that necessitates intubation and neuro-muscular blockade Q8. CR 林俊龍: Patients with an acute stroke require serial neurological assessments thus? A8. R2 周光緯: Making sedation or anesthesia a contraindication Q9. CR 林俊龍: The study did not evaluate the case with? A9. R3 朱健銘: This study did not evaluate the pneumonia (VAP or HAP) and APACHE II score	

Q10. CR 林俊龍: The limitation of the study?

A10. R2 吳志華: Inconsistent documentation of TOF measurements and vecuronium doses

<EBM and ethics>

Q1. CR 林俊龍: Patients with stroke or AMI are awake so?

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

Q2. CR 林俊龍: What can we use in anti-emesis

A2. R2 周光緯: Ondansetron is safe

<Key points>

1. Check general appearance for evaluate dehydration
2. Avoid novamin use in pediatric patient
3. The use of surface cooling pads in patients with stroke or AMI

<VS comment >:

VS 翁健瑞: 二次回診的用意在於讓我們瞭解到下次可以怎麼樣避免比較嚴重的個案再度有相同的遭遇，很多時候悲劇是可以避免的，要從中記取教訓。

R2 許力云