

日期	2012 年 04 月 14 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：2012/04/14 08:30~09:30  地點：同新園會議室  主題：Case conference  主持者：F1 陳伯伸  報告者：R1 羅志威  紀錄：R2 許力云</p> <p>Q and A：</p> <p>Q1. CR 曾理銘:What is The most important in DD hemoptysis or hemoemesis  A1. R2 許哲彰: pH value may be different  Q2. CR 曾理銘：What could cause bleeding?  A2. R2 周光緯:Coagulopathy such as warfarin overdose or liver disease.  Q3. CR 曾理銘：What to do first when suspected bleeding with shock?  A3. R1 羅志威:Establish large borne IV line get fluid resuscitation.  Q4. CR 曾理銘:What is the main goal of GI bleeding?  A4. R2 周光緯： Stop bleeding and reach hemodynamic stability.  Q5. CR 曾理銘:Why more under paralysis in continuous infusion group  A5. R2 許力云： May result in quicker time to return of spontaneous respiration and extubation  Q6. CR 曾理銘:When to intubation in GI bleeding?  A6. R2 許哲彰： Large amount of bleeding with suspect choking or cons disturbance with bleeding.  Q7. CR 曾理銘：What can we see in non-contrast aorta CT?  A7. R2 周光緯:IMH  Q8. CR 曾理銘：What should we ask if patient having wafarin now?  A8. R2 周光緯:What other drug taking recently?  Q9. CR 曾理銘：Why we should ask above problem?  A9. R2 周光緯:Warfarin has many drug interaction.  Q10. CR 曾理銘：In Patient highly suspect GI bleeding  A10. R2 許力云:NG irrigation first.</p>	

EBM and ethics

Q1. CR 曾理銘: Patients with large GI bleeding?

A1. R2 許哲彰: Large bore IV access is needed immediately

Q2. CR 曾理銘: What the PES for?

A2. R2 吳志華: Check and stop bleeding.

Key points

1. To establish IV fluid resuscitation is most important in shock
2. PPI may need in treat GI bleeding
3. PES is the important way to stop bleeding

VS comment :

F1 陳伯伸: The most important in GIB with shock is establish IV fluid resuscitation and try to stop bleeding.

紀錄: R2 許力云