

日期	2012 年 05 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：2012/05/14 08:30~09:30</p> <p>地點：同新園會議室</p> <p>主題：Case conference</p> <p>主持者：VS 王瑞芳</p> <p>報告者：R2 周光緯</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. R1 羅志威: 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>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: Outcomes related to the use of IATH</p> <p>A5. R2 許力云: Mortality, Neurological status, Cardiac function ROSC rate</p> <p>Q6. CR 李 尚: Why decreased metabolism was noted in hypothermic patients</p> <p>A6. R1 羅志威: Patient age and renal function were related to time to extubation</p> <p>Q7. CR 李 尚: Actively rewarmed patient had?</p> <p>A7. R1 羅志威: Actively rewarmed patients (38%) had a higher risk for poor outcome</p> <p>Q8. CR 李 尚: Patients with an acute stroke require serial neurological assessments thus?</p> <p>A8. R2 許力云: Making sedation or anesthesia a contraindication</p> <p>Q9. CR 李 尚: The study did not evaluate the case with?</p>	

A9.R1 羅志威: 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 許哲彰: 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

Q2.CR 李 尚: What the guideline use for ?

A2.R2 許哲彰: 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: Improved ROSC rates and with improved cardiac function, including better left ventricular function, and reduced myocardial infarct size

紀錄: R2 許力云