

日期	__101__年__10__月__31__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>Topic: 72 hr 回診 主持人/報告者: R3 許力云 Supervisor: 蕭蔚全 紀錄: R2 羅志威</p> <p>Q1 許力云: Epigastric pain, what should be highlight in history taking A1 顏士傑: pain content, duration, interval, frequency, fever 有無, 有無 radiation pain; 有無 combine n/v or diarrhea, 與用餐時間關連與否</p> <p>Q2 許力云: what common involved organ in epigastric pain A2 楊久榮: perifocal solid organ, such as gall bladder/stomach/pancrease / duodenum</p> <p>Q3 許力云: critical point of epigastric pain A3 李育豪: should rule out cardiogenic disease/ major vessel disease</p> <p>Q4 蕭蔚全: what features of this patient may not favor AGE A4 蘇立傳: no significant diarrhea(only 2 times) and significant pain</p> <p>Q5 蕭蔚全: Common features of early appendicitis A5 林吉倡: initially vague general/epigastric dull pain, then with nausea/vomiting, about half/1 days after, migratory to RLQ McBurney point</p> <p>Q6 蕭蔚全: Constipation in old patient, what should be emphasized A6 陳穎玲: 要確定有無 combine 肚子痛或者血便</p> <p>Q7 蕭蔚全: critical points in constipation A7 羅志威: if combine back pain→r/o AAA, if bloody stool, →r/o malignancy</p> <p>Q8 許力云: 這個病人有何特殊點 A8 周光緯: 雖然有 hemorrhoid, 但解的血便非 light red 還是要注意</p> <p>Q9 蕭蔚全: what should order before enema in constipation patient A9 陳穎玲: DRE, stool OB, KUB</p> <p>Q10 許力云: what image finding in this patient A10 林吉倡: sigmoid colon wall thickening</p>	

內容摘要 (續):

Key points

1. critical diagnosis in epigastric pain
2. pattern of early appendicitis
3. critical point in constipation patient

VS comment 蕭蔚全

1. Early appendicitis 容易 miss 以及早期可能的表現已講過數次，要提高警覺
2. 如果沒有明顯 diarrhea, 不要隨便下 AGE 診斷
3. 小心 constipation 病人可能有的其他 comorbidity, 不要隨便灌腸就覺得沒事

紀錄:R2 羅志威