

日期	__101__年__11__月__08__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：101.11.08 08:30-09:30 地點：B4 第四會議室 主持人：VS 吳柏衡醫師 紀錄：R4 朱健銘</p> <p><TOPIC></p> <p>Journal meeting:</p> <p>Identification of children at very low risk of clinically-important traumatic brain injury after head trauma Sedation and anesthesia for CT: emerging issues for high-quality care</p> <p><Q&A></p> <p>Q1-CR 蘇誌鋒：definition of ciTBI (clinically important traumatic brain injury) in this journal A1-R1 林吉倡：Death, neurosurgeon, intubation, admission > 2 night, significant finding in brain CT</p> <p>Q2-CR 蘇誌鋒：risk factor for TBI in children < 16 y/o A2-R1 林吉倡：post-traumatic event (ex: neurologic deficit, seizure but not immediately), GCS < 13, skull fx, fall > 1 meter or >5 stairs, suspected non-accidental injury, lethargy or irritability, LOC or amnesia > 5 minutes,</p> <p>Q3-CR 蘇誌鋒：additional risk factor for TBI in children < 2 y/o A3-R1 陳穎玲：soft tissue swelling, any temporal/parietal/occipital area injury</p> <p>Q4-CR 蘇誌鋒：eye evaluation in pediatric GCS in infant A4-R1 陳穎玲：4:Open spontaneously; 3:Open in response to verbal stimuli; 2:Open in response to pain only; 1:No response</p> <p>Q5-CR 蘇誌鋒：verbal evaluation in pediatric GCS A5-R1 陳穎玲：5: Coos and babbles, 4:Irritable cries;3: Cries in response to pain;2: Moans in response to pain;1:No response</p> <p>Q6-CR 蘇誌鋒：motor evaluation in pediatric GCS A6-R2 羅志威：6: Moves spontaneously and purposefully;5:Withdraws to touch;4:Withdraws in response to pain;3:Responds to pain with decorticate posturing (abnormal flexion);2:Responds to pain with decerebrate posturing (abnormal extension);1: No response</p>	

內容摘要 (續):

Q7-CR 蘇誌鋒: prediction rule for children

A7-R2 羅志威:

Normal mental status,

No scalp haematoma except frontal

→any one of two→ >4%ciTBI → do CT

Loss of consciousness < 5 s

Non-severe injury mechanism

-- not falls of more than 0.9 m (for < 2 y/o)

-- not falls of more than 1.5 m (for >2 y/o)

No palpable skull fracture

Normal behavior per patient (for < 2 y/o)

No severe headache (for >2 y/o)

Any one of five → 0.9% ciTBI → CT or OBS

If all of above suitable → 0.02 ciTBI → OBS

Q8-CR 蘇誌鋒: ideal procedural sedation agent

A8-R2 羅志威: a rapid onset of action, few side effects, a short duration of action, minimal to no effect on respiratory rate or hemodynamics, provides airway protection, Readily reversible, allows for smooth recovery with no additional side effects

Q9-CR 蘇誌鋒: efficacy of Chloral hydrate

A9-R3 周光緯: not safe, and 2-6% aborted procedure

Q10-CR 蘇誌鋒: efficacy of etomidate

A10-R3 周光緯: fastest, shortest, but higher failure rate

<Ethics and EBM>:

CR 蘇誌鋒 Q: possible malignancy rate associated with CT scan

R3 周光緯 A: 1/1000-1/5000

<key points>

1. pediatric GCS evaluation

2. prediction rule for ciTBI

3. evaluation of minor brain injury

<VS comments>

VS 吳柏衡醫師:

1. Memorized clinical prediction rule for pediatric head injury

2. Clinical suspicion of brain injury

3. choose most familiar sedative agent

紀錄: R4 朱健銘