

日期

2012年11月20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)

<Topic> special lecture - ARDS

<日期> 2012/11/20

<主持人> 王宗倫主任

<記錄> 林遠峰

<Q&A>

CR 蘇統鋒 Q: acute lung injury (ALI) 定義?

R: 林吉昌 A: $P_{aO_2}/F_{iO_2} < 300$.

CR 蘇統鋒 Q: ARDS 定義? (舊)

R: 羅志威 A: $P_{aO_2}/F_{iO_2} < 200$.

CR 蘇統鋒 Q: three distinct stage of ARDS?

R: 周光輝 A: exudative, proliferative, fibrotic.

CR 蘇統鋒 Q: cause of ARD?

R: 許力之 A: sepsis, aspiration, pneumonia, severe trauma

CR 蘇統鋒 Q: ventilator associated lung injury?

R: 許哲軒 A: barotrauma, volutrauma, atelectrauma

王宗倫 Q: Berlin definition of ARDS 分為哪幾 severity?

R: 林吉昌 A: mild $P_{aO_2}/F_{iO_2} 200-300$. moderate: $100-200$. severe: ≤ 100

王宗倫 Q: ARDS CXR appearance?

R: 羅志威 A: Ground glass appearance.

王宗倫 Q: ARDS mechanical ventilator?

R: 許力之 A: "low tidal volume ventilation" strategy

王宗倫 Q: Novel therapy for ARDS?

內容摘要 (續):

R3 浮起器 & prone position, NO, inhaled prostanolol, ECMO.
VS 王宗倫 Q) other novel therapy &
R3 周光遠 & surfactant therapy, antioxidant, glucocorticoid.

< EBM & ethics >

X. A syndrome of acute respiratory failure in adults characterized by non-cardiogenic pulmonary edema, severe hypoxemia, caused by right to left shunt through collapsed or fluid-filled alveoli.

- Lancet 1967 - Aug 12.

< key point >

1. New "Berlin Definition of ARDS" criteria
2. ventilator setting in patient with ARDS.
3. Causes of ARDS: sepsis, aspiration, pneumonia, trauma

< Conclusion >

VS 王宗倫:

1. ARDS is a multisystem syndrome, not a "disease"
2. characterized by accumulation of exudate fluid in the lungs with resulting hypoxemia and some degree of fibrotic changes
3. Tx is supportive and can non-conditional types of ventilation and oxygenation strategies.

R4 林宗輝