日期	2013_年_01_月_31_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）

時間：2013/01/31 08:30~09:30

地點：B2 同新園會議室

主題： M & M conference

主持者：VS 吳柏衡

紀錄：R3 許力云

{Q and A} :

Q1.VS 吳柏衡: 絕大部份的 trauma 都有?

A1.R3 許哲彰: In many centers, trauma patients are assessed by a team

Q2.VS 吳柏衡：The M M is indicate for?

A2.R3 周光緯: The quality of emergency medicine care.

Q3.VS 吳柏衡：The use of neck soft tissue x-ray in epiglotitis?

A3.R1 陳穎玲: Without respiratory impairment: not drawning

Q4.VS 吳柏衡: Cuffed pediatric tubes?

A4.R3 周光緯: Previous concerns about cuffed endotracheal tubes causing tracheal necrosis are no longer relevant due to improvements in the design of the cuffs.

Q5.VS 吳柏衡: the cuff pressure

A5.R2 羅智威: cuff pressure should be 30mm Hg is considered safe

Q6.VS 吳柏衡: 數分鐘內發生，但冰水環境下有可能延持至一小時

A6.R3 許哲彰: Symptom progress.

Q7.VS 吳柏衡：New concept of intubation?

A7.R3 周光緯: 呼吸 drive 大過憋氣時開始嗆到

Q8.VS 吳柏衡：Sometimes laryngospasm?

A8.R3 周光緯: Hypertonic saline has no benefit over standard crystalloid resuscitation.?

Q9.VS 吳柏衡：Osmolar gradient 破壞 alveolar, wash out surfactant?

A9.R3 周光緯: Warmed isotonic electrolyte solutions (e.g. lactate ringers (RL) or normal saline), are used for initial resuscitation..

Q10.VS 吳柏衡：The use of Fluid Resuscitation?

A10.R2 羅智威: Decrease lung compliance

內容摘要(續):

{EBM and ethics}:
Q1.VS 吳柏衡:只有 12%的病人後來確診有肺炎而需要抗生素?
A1.R3 許哲彰:To resuscitate the trauma patient
Q2.VS 吳柏衡:The good use for ATLS?
A2.R2 羅智威: 肺炎菌種多為 nosocomial 菌種→廣效抗生素

{Key points}:
1. In water rescue在unconsciousness病人上可能有較好預後，但只能由highly trained rescuer
2. 不嚴重者通常給幾口rescue breath就能有自發呼吸，若無順利產生自發呼吸則要進行CPR
3. <0.5%患者合併neck injury:除非很強烈證據有頭部外傷，不然不用一定要immobilization

{VS comment} :
VS 吳柏衡 :
限水/Diuretics對治療並無特別效果,可考慮低體溫療法
(BT 32~34oC X 24hr)

紀錄：R3 許力云