

日期	2013 年 05 月 06 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：2013/05/06 07:30~08:30 地點：同新園會議室 主題：Special lecture: Trauma in Pregnancy 主持者：張志華主任 紀錄：R3 許力云</p> <p>{Q and A}：</p> <p>Q1. 張志華主任: Pregnancy 35 wks pregnant, MVA what need to do A1. R3 許哲彰: Physiological alterations</p> <p>Q2. 張志華主任：The second visit to ER due to ? A2. R3 周光緯: Anatomical alterations</p> <p>Q3. 張志華主任：30% of the maternal blood volume may be lost with little change in maternal vital signs? A3. R1 陳穎玲: Unique problems.</p> <p>Q4. 張志華主任: the physician had a duty? A4. R3 周光緯: the physician breached the duty</p> <p>Q5. 張志華主任: Why more under paralysis in continuous infusion group A5. R3 許哲彰: With maternal blood loss, fetal distress precedes change in maternal vital signs</p> <p>Q6. 張志華主任: When to intubation in GI bleeding? A6. R3 許哲彰: Large amount of bleeding with suspect choking or cons disturbance with bleeding.</p> <p>Q7. 張志華主任：Toxonomic statuts A7. R3 周光緯: 10% of women in late pregnancy will develop hypotension if placed in the supine position</p>	

內容摘要(續):

Q8. 張志華主任: What should we ask if patient having wafarin now?

A8. R3 周光緯: What other drug taking recently?

Q9. 張志華主任: Why we should ask above problem?

A9. R3 周光緯: During pregnancy, blood becomes hypercoagulable

Q10. 張志華主任: In Patient highly suspect GI bleeding

A10. R3 許哲彰: NG irrigation first.

{EBM and ethics}:

Q1. 張志華主任: *Decreasing fibrinogen levels are the most sensitive indicator of DIC in pregnant woman?*

A1. R3 許哲彰: Normal concentrations of coagulation factors in critically ill pregnant woman DIC

Q2. 張志華主任: 因有部份 susceptibility 下降

A2. R2 羅志威: Fibrinogen level if placental injury

{Key points}:

Fetus shock first

Ultrasound and fetal monitoring >4 h

X-rays and CT if needed (~5 rads)

{VS comment}

張志華主任: What is best for the mother is best for the fetus

紀錄: R3 許力云