

日期

102年07月17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: ER-GS combine meeting

主持人: VS 連楚明 / R. 林吉偉

地點: B4會議室

紀錄: 張志威

(Q&A)

Q1 連楚明: 嘔吐, 要問哪些病史

A1 黃苑婷: associate to pain, content 2 other associate to other

Q2 連楚明: How to explain the shock

A2 林姿吟: may related to persisted \downarrow \rightarrow hypovolemia

Q3 連楚明: 中醫師級救護會幾級, why?

A3 錢詔如: 一級, BP太低, 有 shock

Q4 連楚明: Initial management 會安排哪些

A4 張怡誠: electrolyte & CBL, on NO decompression

Q5 連楚明: 還有哪些呢:

A5 陳穎玲: 需用 crystalloid resuscitation, on monitor, pain control

Q6 連楚明: 有 ventral hernia Hx, PE 鼓音

A6 吳乙成: 有無 fecal tender protruding mass

Q7 連楚明: What finding on X-ray

A7 錢詔如: some basal indistinct, no retro-furcal lesion such as free air

Q8 連楚明: Abdominal CT finding

內容摘要 (續):

- A8 林姿吟: vadal hernia, massive ascites, free or
Q9 連楚明: impression & management
A9 高易鈞: susp vadal hernia i strangulation, bowel perforation
need op
Q10 連楚明: why small bowel obstruction cause fluid shift
A10 張啟誠: intraabdominal pressure > venous pressure →
venous return ↓, fluid accumulation

(Key points)

1. evaluation of nausea/vomiting.
2. sign of bowel strangulation
3. complication of small bowel obstruction

(VS Comment) Dr. 連楚明

1. underlying CHF, if remove ETI or 2 on ETI (atelectasis)
2. now PRN use BiPAP to prevent atelectasis
3. persisted progression of renal failure → now

R3 羅志凡