

日期

102年9月26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)

< 72 hr return case > ⇒ 2013/08

< Case 1 >: 28yo Female; Type 1 DM,
 SOB since this morning, Vomitus, chest pain.
 R: 林佳倡

≠ SOB, 1/0 DKA, myocarditis, occult infection, hypoventilation

Order ⇒ CXR, EKG, CBC/DC/PT, Panel I, Cr, Osmolality, ketone, Troponin-I, (G₆)ABG.

Q: CR 許哲彰 ⇒ 問是否有 OCP 主要是看什麼?

A: R: 吳冠蓉 ⇒ Pulmonary embolism

Q: CR 許哲彰 ⇒ 還要問什麼?

A: R: 劉邦民 ⇒ Orthopnea / exertion dyspnea? Sudden onset? Chest pain location / radiation / breathing pain

< Case 1 > 72 hr return ⇒ SOB, 前胸 tightness

Fs ⇒ High ⇒ Glu > 600 ⇒ Fluid challenge
 ketone(+) ⇒ RI pump
 metabolic acidosis
 Anion gap: 19

< Case 2 > 68yo Female, Right shoulder pain, 37.9°C

Right shoulder chronic pain, 昨加重 → myofascial pain?
 WBC ↑

2天後 ⇒ fever for 2 days, 38.3°C

Right shoulder progressive pain, swelling, hot, pain

⇒ Acupuncture before 3 times/week

Diagnosis: Right shoulder septic arthritis.

B/c: Staphylococcus hominis.

內容摘要 (續):

<Take home message>

單純關節痛, 僅 fever, 要 focus septic arthritis.

<Case 3> 79% M, SOB x 3 days, HR=106; RR=14, ~~SpO₂~~ SpO₂: 100%;
DOE,
lung CA s/p chemotherapy.
Hb↓ (6.8) s/p blood transfusion

2天後 ⇒ Conscious change x 2 hours.

Eye-upward gaze.

BP: 111/52, E3V5M6 ~~the~~ lethargy.

RLO tenderness.

pupl: (3.5; 3.5), sluggish

F/s (68), WBC: 500; PCT: 20000

Whole body CT ⇒ liver meta
gall stone

Diagnosis ⇒ Neutropenic fever, 做完 chemo 後就會 Syncope

<Take home passage> ⇒ 化療 pt 之非典型主述寧可多做,
也不要少做

89% F; abdominal pain → gastritis

12h return ⇒ abdominal pain, diffuse, rebound

⇒ peritonitis ⇒ abdominal CT ⇒ PPU

紀錄者: 吳冠蓉

主持人: 許傑文