

日期

103年 9 月 3 日

內容摘要: R1 orientation - Respiratory distress/failure

(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)

六大核心能力

- 病人照護
- 人際溝通技能
- 醫學知識
- 從工作學習及成長
- 專業素養
- 制度下之臨床工作

(Q&A)

CR 陳國, Define Respiratory distress?

王瑞芳  
主持: 陳穎玲

R1 蔡可威 A. Respiratory distress - when patient displays tachypnea and

CR 蔡可威 Q2. Define Respiratory failure with compensation.

R1 蔡宇承 A2. Respiratory failure - decompensated with respiratory acidosis.

CR 陳穎玲 Q3: what are the management priorities?

R1 李岱穎 A3. Priorities of management - oxygen, IV (evaluate if fluids

are necessary or contra-indicated)

- consider differential: tension pneumothorax, pulmonary embolism, AMI with heart failure & pulmonary edema.

CR 陳穎玲 Q4 How to explain to patient with AMI but fair SpO2 at 98% about not requiring oxygen?

R1 林哲葦 A4 shall explain to patient about cardiogenic cause of

CR 王瑞芳 Q5. What are the timing of intubation?

R1 劉邦民 A5. Time of ~~intubation~~ Intubation

- 預期 progression to respiratory failure with high likelihood.
- maintain and protect airway
- failure of ventilation or oxygenation.

內容摘要 (續):

王瑞芳

( VS E @ ) Where the evaluation for difficult intubation?

R3 施 A6 Difficult intubation (Non-RSI) → Difficult airway algorithm.

施應泰

- 3, 3, 2 (6)
- Look
- Mallampati
- Obesity
- Neck stiffness

王瑞芳

( VS E @ ) RSI?

鄭凱文

RSI Lidocaine 1-1.5 mg/kg (100mg) (SMI, ICP, Asthma)

Fentanyl 3µg/kg (ICP) BPrn

Dominium 0.3mg/kg (5mg) BPrn

Etomidate 0.3mg/kg (20mg) BPrn

Ketamine 1-2 mg/kg ~~(50mg)~~

Succinyl choline 1-1.5mg/kg (onset, duration 10 min)

Rocuronium 0.3mg-0.6mg/kg (contra-indicated in hypertension, onset 1 min, duration 30min)

Major burn > 10% TBSA > 5 days

Cushing injury > 5 days

~~ALS~~ ALS, MG

紀錄者: 蔣宇年 R1

急診醫學科  
科主任 王宗倫

VS 王瑞芳: What are the features of lidocaine in RSI?

王瑞芳: Indicated by head injury with elevated ICP. Dose 1.5mg/kg.

VS 王瑞芳: What are the features of ketamine in RSI?

王瑞芳: Good option for pt with reactive airway disease or who are hypotensive, hemorrhaging, shock. Dose 1.5mg/kg.

VS 王瑞芳: What are the key agents administration in RSI?

王瑞芳: Pre-treatment - 3min prior to intubation - lidocaine.  
Induction - Midazolam, etomidate, ketamine, propofol.  
Paralytics - Succinylcholine (1.5mg/kg) - Avoid use in major burn, crush injury, rhabdomyolysis, hyperkalemia pt.  
Nimbex (Rocuronium) (0.1mg/kg) - (10mg/5ml).

OB and ethics

VS 王瑞芳: Is defasciculation still routinely administered in RSI?

王瑞芳: According to updated study, defasciculation is no longer recommended. May consider if pt w/ head injury to be paralyzed with succinylcholine, even though transient fasciculation caused by SCh may theoretically increase ICP.

key points

1. Avoid RSI administration before difficult airway evaluation
2. Carefully select pre-treatment agents accordingly to respective patient condition, such as head injury w/ ICP, shock, major burn, crushing injury, hyperkalemia pt.
3. Use atropine for pediatric pt to ~~prevent~~ prevent bradycardia during Intubation.

VS comments VS 王瑞芳:

- (1) Always make sure the patient is not with difficult airway before attempting RSI.
- (2) May use sellick's maneuver during intubation
- (3) Always perform pre-oxygenation before intubation

急診醫學科  
科主任  
王宗倫