

日期 2014年09月04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)

會議地點：B2 同新園

主持人：VS 楊毓錚 紀錄者：R1 李岱穎

六大核心能力

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> 病人照護 | <input type="checkbox"/> 人際溝通技能 |
| <input checked="" type="checkbox"/> 醫學知識 | <input type="checkbox"/> 從工作學習及成長 |
| <input type="checkbox"/> 專業素養 | <input type="checkbox"/> 制度下之臨床工作 |

<Topic> R1 Orientation -General principles for trauma patient

<Q&A>

Q1. VS 楊毓錚: what is trauma blue?

A1. Clerk 何偉德: SBP<90mmHg(PED: < 70+age*2), RR<10 or >29, Asystole, PEA...Head or neck perforation wound, Fall>6m or 2 floors

Q2. VS 楊毓錚: what is trauma red' s function?

A2. Cleak 陳蕙: 啟動 trauma team

Q3. VS 楊毓錚: what is the principle for trauma patient?

A3. Cleak: 賴彥文: team approach, treatment before diagnosis, through examination, reassessment

Q4. VS 楊毓錚: primary survey 有哪些?

A4. Cleak 董世祥: A->airway B->breathing C->circulation
D->disability E->exposure F-> film G->gastric tube and foley

Q5. VS 楊毓錚: Disability 要怎麼評估?

A5. R1 李岱穎: AVPU: alert, respond to verbal, respond to pain, unrespond

Q6. VS 楊毓錚: trauma red and blue 的差異?

A6. R1 蔡宇承: depends on blood pressure, of decreaed blood pressure->trauma red

Q7. VS 楊毓錚: who need Toxoid and who need immunoglobulin?

A7. R1 林哲葦: 5 m/o -> immunoglobulin/5y/o -> no need / 15y/o->T/T

Q8. VS 楊毓錚: 如果 survey 完後跑出新變化，怎麼辦?

A8. R2 鄭凱文: 要重新ABCDE

內容摘要 (續):

Q9. VS 楊毓錚: toxoid 保護力可以有多久?

A9. R2 吳冠蓉: 5 years for dirty wound, 10 years for clean wound,
10 years for clean wound

Q10. VS 楊毓錚: ? Toxoid 疫苗施打時間

A10. CR 陳穎玲: 2. 4. 6 months, and 1.5y/o 追加

<EBM and Ethics>

VS 楊毓錚: 藥物對 ischemic bowel 的影響?

R1 蔡宇承: Nederlands Tijdschrift Voor Geneeskunde [2013, 157(38):A5906]

Tetanus can occur after an injury and is caused by the exotoxin of Clostridium tetani. Characteristics of generalised tetanus include spasms in the back and other muscles, trismus, risus sardonicus and difficulty in breathing caused by laryngospasms. Vaccination through the National Vaccination Programme of the Netherlands has resulted in 94% of the population being protected against tetanus; certain groups, however, have a low rate of vaccination. In the Netherlands, 5 patients were reported to have generalised tetanus in 2011. This figure is relatively high in comparison with previous years. Of these 5 patients, 3 did not receive post-exposure-prophylaxis (PEP) after their injuries, or received it incompletely. PEP may be comprised of 1 or more vaccinations with the tetanus toxoid and/or the administration of tetanus immunoglobulin. Patients who have sustained an injury should be evaluated in accordance with the guideline 'Tetanus' by the Landelijke Coördinatie Infectieziekten (National Coordination Centre for communicable disease control), and to assess whether PEP is indicated

<Key Points>

1. trauma blue: SBP<90mmHg(PED: < 70+age*2), RR<10 or >29, Asystole, PEA...Head or neck perforation wound, Fall>6m or 2 floors
2. A->airway B->breathing C->circulation D->disability
3. AVPU: alert, respond to verbal, respond to pain, unrespond

<VS Comment>VS 楊毓錚:

1. remember to re-evaluation when BCDE and new finding
2. always not be happy to find one injury
3. transfer if there was no further support here, don' t wait for the examinaton

紀錄者: R1 李岱穎

新光吳火獅紀念醫院

