

日期

2014年09月10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)

六大核心能力

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

時間：2014/09/10

會議名稱：ER-Radiology Combined meeting

主持人：VS 林秋梅/VS 刁翠美

紀錄：R1 蔡可威

<Topic>

55 year old man chief complaint of constipation

49 year old man with abdominal pain refractory to analgesics

24 year old man with traffic accident and abdominal blunt trauma

<Q&A>

Q1. VS 林秋梅：What are the findings of this KUB on 7/29?

A1. R1 蔡可威：A-colon and T-colon fecal material, D-colon gas and small bowel gas

Q2. VS 林秋梅：What would be your initial management for this patient?

A2. R1 林哲葦：Favor ileus, would try enema, prokinetics, hydration and see if S/S improve.

Q3. VS 林秋梅：What happened to this patient later?

A3. R1 蔡宇承：After enema and Primperan use, s/s improved and he was discharged.

Q4. VS 林秋梅：What do you think of this KUB of the same patient on 8/17?

A4. R1 李岱穎：Still localized ileus and much stool content in A and T colon

Q5. VS 林秋梅：What would you suggest?

A5. VS 刁翠美：There seems to be to total obstruction, but I would arrange sonography

Q6. VS 林秋梅：What are the findings of this KUB on 8/30 and abdominal CT on 8/31?

A6. R1 蔡可威：KUB showed similar localized ileus locations as previous films. Abdominal CT showed retained stool content in A-T colon with much calcifications localized in colonic vessels.

內容摘要 (續):

Q7. VS 林秋梅: What diseases would you consider in this patient?

A7. VS 刁翠美: Vasculitis? SLE? Ankylosing spondylitis?

Q8. VS 刁翠美: So what is the likely diagnosis for this patient?

A8. VS 林秋梅: Our radiologist suggests that this may be a patient of phlebosclerotic colitis, and would survey if this patient had either immunological disorders

Q9. VS 林秋梅: What are the findings of the abdominal CT of this 49y/m?

A9. VS 刁翠美: Suspected venous thrombosis of small bowels with obstruction. Panniculitis is also found

Q10. VS 林秋梅: What are the findings of this trauma patient?

A10. VS 刁翠美: Mid colic artery rupture with hemoperitoneum

<EBM and Ethics>

VS 林秋梅: 我們可能會告知這個病患他的影像結果，並跟他說明可能需要抽血檢查有關自體免疫的檢驗。這樣的方式需要符合醫學倫理下的什麼原則？

R1 蔡宇承: 尊重自主原則於醫療照顧範疇內，可以導出下列道德規則，例如：
誠實 (truthfulness): 不隱瞞病人之病情及診斷，如此他們才能根據被告知的訊息做做出決定。守密 (confidentiality): 醫療專業人士一般有保護病人的隱私、對病人所告知事項保密的義務。知情同意 (informed consent): 應當告知病人足夠的訊息，並獲得病人的同意方可對病人進行醫療處置。

<Key Points>

1. Follow up KUB in series can tell you more than just 1 film

2. Before enema, take a KUB to assess the possibility of total obstruction

3. Don't hesitate to use NG decompression

<VS Comment>

VS 林秋梅:

1. 第一個病患應該去好好查有沒有自體免疫的相關疾病
2. 必要時要多追蹤 KUB。
3. 判讀影像有疑慮時，應請教主治醫師或放射科醫師。

VS 刁翠美:

1. KUB 可以提供許多資訊，不只是看大便多不多，有沒有 ileus 而已
2. 肚子的 CT 可以提供的資訊非常多，但往往我們只有注意到我們想看的
3. 第一個 case 真的比特別，下次討論會時可以再提出來討論

紀錄者: _____ R1 蔡可威

急診科
主任 王宗倫