

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 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 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：R1 Orientation: Chest pain

主持人：王宗倫主任

紀錄：R1 蔡可威

<Topic> R1 Orientation: Chest pain

<Q&A>

Q1. 王宗倫主任：How fast should a ECG be done for patients with chest pain?

A1. R1 蔡可威：Within 10 minutes including interpretation

Q2. 王宗倫主任：For patients with STEMI, how much time should D to B allowed?

A2. R1 蔡宇承：90 minutes in a facility with coronary angiography

Q3. 王宗倫主任：What are common differential diagnosis for chest pain?

A3. R1 李岱穎：Aortic dissection, pulmonary embolism, peptic ulcer, musculoskeletal pain, etc.

Q4. 王宗倫主任：What are STEMI equivalents in ECG?

A4. R1 林哲葦：new LBBB, diffuse ST segment depressions with ST elevation in aVR, posterior MI, Hyperacute T waves, de Winter ST/T wave complex

Q5. 王宗倫主任：What are the changes in ECG of a MI patient?

A5. R1 李岱穎：Hyper-acute T waves, ST-elevation, ST depression, T inversion, Q wave

Q6. 王宗倫主任：What is the most important treatment for STEMI patient?

A6. R1 蔡宇承：Primary PCI

Q7. 王宗倫主任：What is the most important non-invasive treatment for AMI?

A7. R1 蔡可威：Anti-platelet therapy

內容摘要 (續):

Q8. 王宗倫主任: What antiplatelet therapy is recommended in AHA guidelines?

A8. R1 李岱穎: Dual antiplatelet (Aspirin+Clopidogrel, Aspirin+Ticagrelor)

Q9. 王宗倫主任: What is the treatment endpoint of NTG?

A9. R1 蔡可威: Decreased in 10% of systolic blood pressure

Q10. 王宗倫主任: What fluid policy should be taken for patients with RV infarct?

A10. R2 劉邦民: Hydration should be done because the patient's cardiac output is dependent on preload

<EBM and Ethics>

王宗倫主任: What if the level of evidence for antiplatelet use in STEMI patients? (EBM)

R2 吳冠蓉: We recommend aspirin (and a platelet P2Y12 receptor blocker) as soon as possible after presentation (Grade 1A)

<Key Points>

1. Antiplatelet therapy is the most important treatment before PCI
2. Hydration should be done for patients with RV failure because the patient's cardiac output is dependent on preload
3. Acquire and interpret the ECG of a patient with suspected ACS

<VS Comment>

王宗倫主任:

1. ECG 的基本判讀為急診醫師的基本功夫，需要多多練習。
2. 臨床上碰到不確定的判讀時，應該請教 Senior 或 VS，不要 delay 病患的治療。
3. STEMI 的 management 一定要熟悉，臨床上很多機會碰到

紀錄者: R1 蔡可威

