| 日期 | 103年10月21日 |
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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
☐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

Topic: Localization of neurologic lesion

主講：張安娜 (VS張)

主持：CR 羅志成

(Q&A)

CR羅志成 Q1. Approach to vertigo pt, what are the 6 D's evaluation?

R1 蔡宇承 A1 Dizziness, Diplopia, Dysphagia, Dysarthria, Dysmetria, Drop attack.

VS張 Q2. what are the initial assessment for a stroke pt?

R1 林哲華 A2 - Airway, Breathing, circulation
- Hx, PE, NG
- Lab study, Energy, cardiac study.

VS張 Q3. what are main goals in the initial phase of acute stroke menegment?

CR羅志成 A3 - ensure medical stability
- determine acute ischemic stroke for thrombolytic tx.

VS張 Q4 - what are the sugar control level?

R2 劉邦寶 A4 - 60 - 180 mg/dl.

VS張 Q5. what are the BP maintainance level for ischemic stroke post thrombolytic tx?

R2 施清泰 A5 - ≤185 mmHg / ≤110 mmHg

VS張 Q6. Recommend time onset for thrombolytic therapy?

R1 李岱穎 A6 - <3 hr or 3~4.5 hr after clearly defined symptom onset.

VS張 Q7. - when is anti-thrombotic tx indicated?

R2 陳穎玲 A7 - <48 hr of stroke onset.

VS張 Q8 - what are the inclusion criteria for thrombolytic tx?

R1 蔡宇承 A8 - Clinical dx of ischemic stroke causing measurable neurologic deficit.
- onset of symptom <4.5 hr,
- Age ≥ 18.

VS張 Q9 - What are the role of fever control in acute stroke menagement?

R1 蔡可威 A9 - Fever increased brain metabolism and worsens ischemia, and thus active fever control is necessary for better prognosis.

內容摘要（續）：

VS張甲10. What are the different classification of stroke?

R3陳穎玲 - Intracerebral hemorrhage, SAH, Brain ischemia.

CBM & Ethics

VS張 ① According to studies, what are the type of stroke associated with most & least headache/vomiting?

VS羅志威: SAH > IPH > IS.

Key points.

(1) Must obtain onset of symptom time clearly in order to determine whether or not initializing thrombolytic tx with TPA (<4.5hr)

(2) Must perform thorough NS for selection of suspected SAH p't.

(3) Vertigo + headache is the warning sign.

VS Comment VS張宜娜:

VS張 (1) Early dx and tx of Acute ischemic stroke is major goal in ER.

(2) Provide thrombolytic tx for p't dx of AIS <4.5hr onset of s/s requires careful selection & exclusion.

(3) Avoid pitfall and always perform thorough NS for p't presented w/ vertigo + headache.

急診醫學科主任王宗倫

紀錄者：[illegible] R1