日期	103 年 10 月 29 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
☐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) Topic : case conference 主持人：林立偉 報告：劉邦民.

CR 羅志威 Q1 what are the GO's for Vertigo PT

R1 蔡可威 : Dizziness, Diplopia, Dysphagia, Dysarthria, FNP: Dysmetria, Drop attack.

CR 羅志威 Q2 : what are the signs for meningitis

R1 劉邦民 A1 : Neck stiffness, Shabby headache, B/S, K/S.

CR 羅志威 Q3. In what cases, would you highly suspect incidence of CVA?

R1 李俊穎 A. Vertigo + headache

V6 林立偉 Q4 why shall we perform NS on patient with Vertigo favoring Peripheral causes?

R1 林哲葦 A: It's not unusual to discover meaningful NS findings that would require further brain CT survey & Neurologist consult.

CR 羅志威 Q5. what was the pitfall in this case?

R1 蔡可威 A: The patient was assigned the sticker of meningitis since begining.

CR 羅志威 Q6 What was the major problem during initial approach to this patient?

R1 蔡可威 A: NS was not performed due to dx of meningitis rather than suspected CVA.

CR 羅志威 Q7 why was the brain CT misleading in our case?

R2 鄭凱文 A: The patient's previous brain CT study recorded no ICH or hypodense

V6 林立偉 Q8 : what was misleading in the patient's present illness?

R2 [illegible] A: The patient described fewer episodes, which led to dx of Sepsis, related testing

V6 林立偉 Q9 : How shall we avoid misdiagnosis next time?

R2 劉邦民 A: Always perform NS even for meningitis.

CR 羅志威 Q10. Vertigo patient present : illness?

R1 蔡宇承 A: Motion sensation (+), Nausea (+), vomiting (+), Postural exacerbation (+).

內容摘要（續）：

EBM & Ethics

VS林: Q: How is miss diagnosis may busy happen to patient in this case?

林立偉

Cr 羅 A: Due to initial dx of meningitis, the patient received lumbar puncture without finding, and the time delayed for final diagnosis of cerebellar infarction ies to delayed tx.

羅志成

Keypoint:

Cr 羅 1. Busy pitfall in cerebellar infarction.

羅志成 2. NG may help localize of infarction or ICH

3. Vertigo, with neck stiffness should always consider cerebellum or other involvent of Brain stem

VS comment: VS 林立偉

V6林. (1) Avoid pitfalls in missed diagnosed Cerebellar infarction

(2) Differentiation on neck pain/stiffness may require further Neurological examination to exclude cerebellar infarction

(3) Always perform NG on patient with vertigo, if the patient may also demo gait stentes would be best /helpful

紀錄者：R 彭

急診醫學科 主任 王宗倫