20140828 TRM

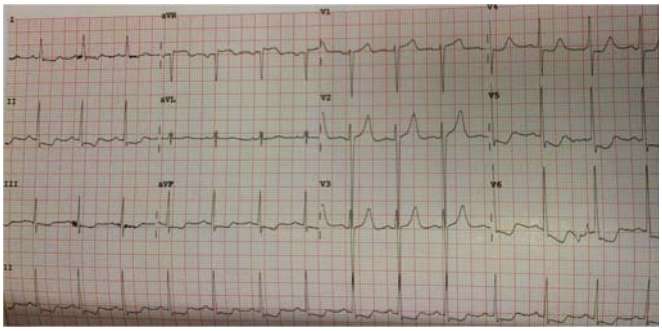
指導醫師:
VS曾理銘/F2徐英洲

Case 1

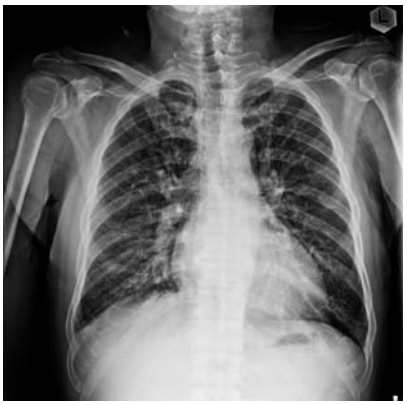
- 55 y/o male
- Sudden onset of chest tightness and dizziness
- Hx of HTN without regular control

- 檢傷直入診間(推床)
- Monitor： Sinus Rhythm
- T/P/R: 36.2/82/22 BP: 146/68 mmHg SpO2: 94%
- PE
  - Clear conscious , diaphoresis
  - Clear breathing sound, regular heart beat
  - Soft abdomen
  - Cold extremities, no edema

- 12-lead ECG



- CXR (有問再給)



- Lab Data (之後才出來，有問再給)

Blood	
WBC (x10^3/ul)	7.0
RBC (x10^6/ul)	3.74
Hb (g/dl)	10.0
Ht (%)	31.7
Glucose (mg/dl)	152
GOT (IU)	26
BUN (mg/dl)	26
Crea (mg/dl)	1.1
Na (mEq/L)	138
K (mEq/L)	3.8
Tro-I (ug/L)	0.08

Clinical Progression

- Before 10 mins：12-lead ECG，啟動STEMI，loading dual anti-platelet & Heparin
- 10mins：心臟科總醫師表示要拿ECG去和主治醫師討論
- 12mins：病人突然conscious change，monitor showed VF，DC shock / CPCR / Bosmin / intubation，電話告知心臟科總醫師
- 14、16mins：都是VF
- 18mins：ROSC ，sinus rhythm，BP 82/46 mmHg，Dopamine use
- 20mins：導管室通知可送緊急心導管
- Cath ： CAD, LMCA critical stenosis s/p PTCA and stenting with cardiogenic shock s/p IABP

Failure Criteria

- No identification of STEMI (aVR↑diffuse lead ST↓)
- No loading Dual anti-platelet / Heparin / consult CV
- No immediate DC shock (VF) / No CPCR / Bosmin
- No intubation
- No Dopamine use (BP 82/46) / use Millisrol
- 讓病人離開診間去照X光

Equipment

- Defibrillator
- Ambu、IV line、laryngoscope、ETT
- 藥品：Bosmin、Dopamine、Amiodarone(如果有喊)
- Dual anti-platelet、Heparin口頭喊即可

Case 2

- 67 y/o male
- Dyspnea since last night, recent fever and cough with sputum
- 早上人開始變鈍，叫不太醒
- Hx of COPD

- 檢傷直入診間(119擔架)
- Monitor： Sinus Tachycardia
- T/P/R: 37.6/128/32 BP: 160/98 mmHg SpO2: 量不到
- PE
  - Irritable，E3V4M6
  - bilateral crackle breathing sound, regular heart beat
  - Soft abdomen
  - Dry extremities, no edema

Clinical Progression

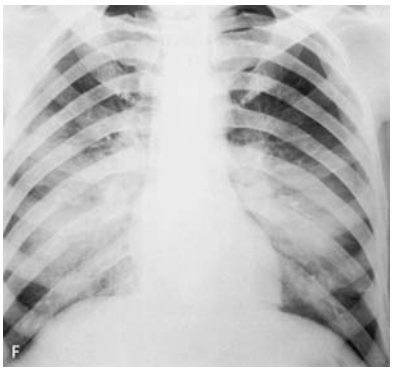
- 0 min： intubation 、抽血
- 4 mins：monitor showed Asystole，CPCR / bosmin
  （家屬：人好好的來醫院為什麼突然在急救？？？）
- 6、8mins：PEA (monitor是慢的心律)
- 10mins：ROSC，sinus rhythm，BP 76/43 mmHg，Levophed use，antibiotics use
- 12mins：BP 128/86 mmHg，SpO2 96%，待ICU
- Dx ：bilateral lobar pneumonia with hypercapnic acidosis and respiratory failure

- Lab Data

WBC (x10^3/ul)	17.5
RBC (x10^6/ul)	4.62
Hb (g/dl)	12.0
Ht (%)	36.5
CRP (mg/dl)	35.8
GOT (IU)	28
BUN (mg/dl)	36
Crea (mg/dl)	2.3
Na (mEq/L)	142
K (mEq/L)	4.6
Tro-I (ug/L)	0.03
Glucose (mg/dl)	186

pH	6.90
pCO2	>120
pO2	35.0
HCO3	21.0
SaO2	45

- CXR(有問再給)



Failure Criteria

- No immediate intubation
- NaHCO3 for respiratory acidosis
- PEA停止CPR (rhythm有變沒有check pulse)
- No CPCR / Bosmin…
- No Levophed (BP 76/43)

Equipment

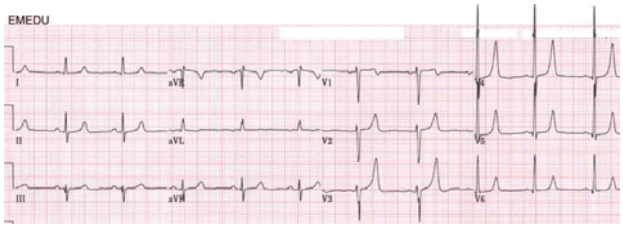
- Defibrillator
- Ambu、IV line、laryngoscope、ETT
- 藥品：Bosmin、Levophed
- CVC 可喊可不喊

Case 3

- 89 y/o female
- General weakness for several days
- 最近因為肌肉痠痛有買成藥吃了一陣子
- 腎臟不好但未規則追蹤

- 檢傷直入診間(自行步入)
- Monitor： bradycardia
- T/P/R: 36.5/44/18 BP: 96/64 mmHg SpO2: 93%
- PE
  - Clear conscious (反應較慢)
  - bilateral clear sound, regular heart beat
  - Soft abdomen
  - Dry extremities, no edema

- ECG (有問再給)



- Lab Data (有問再給)

WBC (x10³/ul)	8.5
RBC (x10⁶/ul)	3.20
Hb (g/dl)	7.6
Ht (%)	22.6
Glucose (mg/dl)	242
GOT (IU)	36
BUN (mg/dl)	142
Crea (mg/dl)	8.5
Tro-I (ug/L)	0.06

pH	7.30
pCO2	30
pO2	56
HCO3	14.6
Na	136
K	8.6

Clinical Progression

- 0 min： on monitor 、抽血
- 2 mins：降鉀處理，告知家屬需緊急HD，家屬說還要聯絡其他人討論後做決定
- 4mins：pulseless VT，DC shock / CPCR / intubation
- 6mins：PEA，CPCR / Bosmin
- 8mins：ROSC，sinus bradycardia，BP 90/60 mmHg，emergent HD
- Dx ：acute on CRI with hyperkalemia related symtomatic bradycardia

Failure Criteria

- Not recognize hyperkalemia earlier，only use Atropine for bradycardia…
- 沒有提及要緊急HD
- 未積極降鉀
- No DC shock / CPCR / Bosmin / intubation
- PEA停止CPCR (rhythm有變未check pulse)

Equipment

- Defibrillator
- Ambu、IV line、laryngoscope、ETT
- 藥品：Bosmin、Atropine(如果有喊)
- 降鉀藥物口頭喊即可

TRM活動照片