

日期	_102_年_04_月_09_日
<p>內容摘要：</p> <p>(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)</p> <p>日期:102.4.9  主持人:VS 吳柏衡  報告者:R1 陳穎玲  會議名稱:Case conference  記錄:許哲彰</p> <p>&lt;Topic&gt;  Case conference</p> <p>&lt;Q &amp; A&gt;</p> <ol style="list-style-type: none"> <li>1. VS 吳柏衡:病患 C.C 喘，有哪些 system 可能的問題?  R1 陳穎玲: respiratory/cardiovesicular/metabolic/sepsis/Toxic</li> <li>2. VS 吳柏衡: 各舉幾個例子  R1 陳穎玲: pneumonia/AMI/lung edema/pulmonary embolism/aortic dissection/sepsis with acidosis/DKA/AKA...等等</li> <li>3. VS 吳柏衡:SIRS ?  R1 林吉倡: HR&gt;100, BT&gt;38 OR &lt;35, WBC &gt;12000, RR &gt;20</li> <li>4. VS 吳柏衡: Sepsis, severe sepsis definition?  R1 林吉倡: SIRS + suspect infection = sepsis, severe sepsis = sepsis + end organ damage</li> <li>5. VS 吳柏衡: severe sepsis 指標?  R2 羅志威: PT, PLT, T-bil, Troponin-I</li> <li>6. VS 吳柏衡: septic shock first line inotropic agent?  R3 許力云: if no bradycardia, levophed is first choice.</li> <li>7. VS 吳柏衡: why?  R3 許哲彰: though mortality rate no significant change, Dopamine can cause more arrhythmia.</li> <li>8. VS 吳柏衡: sepsis early goal include?  R3 周光緯: fluid, early antibiotics given, inotropic agent use, maintain MAP or CVP level.</li> <li>9. VS 吳柏衡: ESRD p't complain dysuria and abdominal pain, diagnosis?  PGY 朱佩心: May be cystitis, but may consider other intra-abdominal cause.</li> </ol>	

內容摘要 (續):

10. VS 吳柏衡: What about this patient?

R1 陳穎玲: No trauma history, spontaneous urinary bladder rupture, some case report was published, especially in ESRD p't.

<EBM & Ethic>

1. SIRS/Severe epsis definition
2. Sepsis early goal
3. Some report about spontaneous bladder rupture in ESRD p't

<VS comment>

VS 吳柏衡:

1. Early antibiotics use, 常會 delay
2. Watch out accompany symptoms

紀錄:R1 陳穎玲