



六大核心能力 病人照護

2016/06/18

Presenter: R1蘇鈺文

Supervisor: VS許育弘

Case profile

- Chart number: xxxxxxxx
- Name: 000
- Age: 68 years old
- Gender: male
- Marital: Married
- Admission date: 2014/05/28

Chief Complaint

- Sudden onset of **severe headache** since 30 minutes ago

Present illness

- Sudden onset of severe headache, **neck stiffness**, **vomiting**, **left side weakness** since 30 minutes ago
 - Visited our ER
- Brain CT
 - SAH, IVH, hydrocephalus
- Brain CTA
 - Right ICA -Pcom aneurysm
- Neurosurgeon was consulted -> emergent TAE -> transferred to ICU

Past & Personal history

- Past history: Denied any systemic disease or surgical history
- Allergy: NKA
- Tobacco: 1PPD for 20 years
- Alcohol drinking: No
- Betel nuts: No

Review of system

- General: Normal
- HEENT: Normal
- Cardio-Respiratory system: Normal
- Gastrointestinal system: Normal
- Genito-urinary system: Normal
- Neurologic system: **Headache, dizziness**
- Musculoskeletal system: Normal
- Skin: Normal

Physical Examination

HEENT/Neck:

- Pink conjunctiva, Icteric sclera(-)
- Pupil size & light reflex
- R't/L't=3.0+/3.0+
- No palpable lymph nodes
- No accessory muscle use

Chest:

- Symmetrical expansion
- Wheezing (-)
- Crackles (-)

Heart:

- Regular heart beat, no murmur

Back:

- C-V knocking pain (-)
- Digital rectal examine: not done

Skin :

- Skin intact: Present
- Skin turgor: Normal
- Cyanosis: Absent
- Jaundice: Absent
- Petechia: Absent



Vital signs:

Vital signs: T/P/R: 36.5/**102**/20
BP:**146**/87mmHg
Consciousness: alert, E4V5M6
General appearance: acute ill-looking

Abdomen:

- Soft
- Normoactive bowel sound
- No superficial vein dilatation
- No shifting dullness
- No palpable mass
- No tenderness

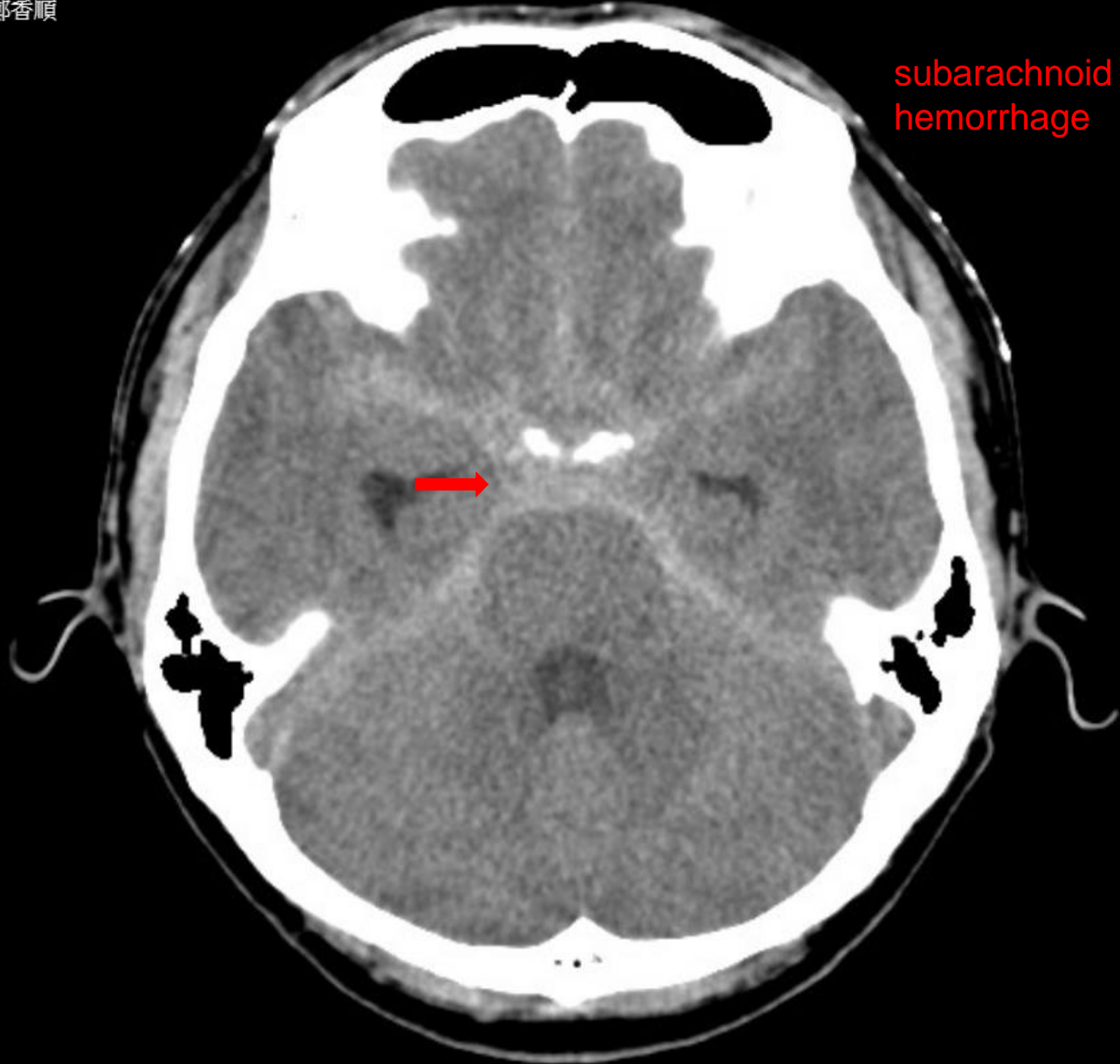
Extremities:

- Full ROM, no muscular atrophy
- Muscle power of arm (Grade:0-5): R5/L5
- Muscle power of Leg (Grade:0-5): R5/L5
- Warm, no cyanosis
- Peripheral arteries pulsation: intact

Lab Exam

項目名稱	檢驗報告	單位	正常值(Low)	正常值(High)
CBC				
WBC	9.2	10 ³ /uL	4.000	10.000
RBC	6.15	10 ⁶ /uL	4.200	6.200
HGB	13.5	g/dL	12.300	18.300
HCT	42.4	%	39.000	53.000
MCV	68.9	fL	80.000	100.000
MCH	22.0	pg	25.000	34.000
MCHC	31.8	g/dL	30.000	36.000
PLT	221	10 ³ /uL	130.000	400.000
DIFF				
NEUT%	75.6	%	40.000	75.000
LYMPH%	18.9	%	20.000	45.000
MONO%	2.2	%	2.000	10.000
EO%	2.2	%	1.000	6.000
BASO%	1.1	%	0.000	1.000
Gaint Platelet	Positive		0.000	99999.000
Glucose AC	103	mg/dL	70.000	110.000
BUN	10.8	mg/dL	8.000	20.000
Creatinine	0.91	mg/dL	0.440	1.270
eGFR	95		0.000	99999.000
ALT	13	IU/L	5.000	50.000
Na	136	mmol/L	136.000	144.000
K	3.8	mmol/L	3.600	5.100

subarachnoid
hemorrhage



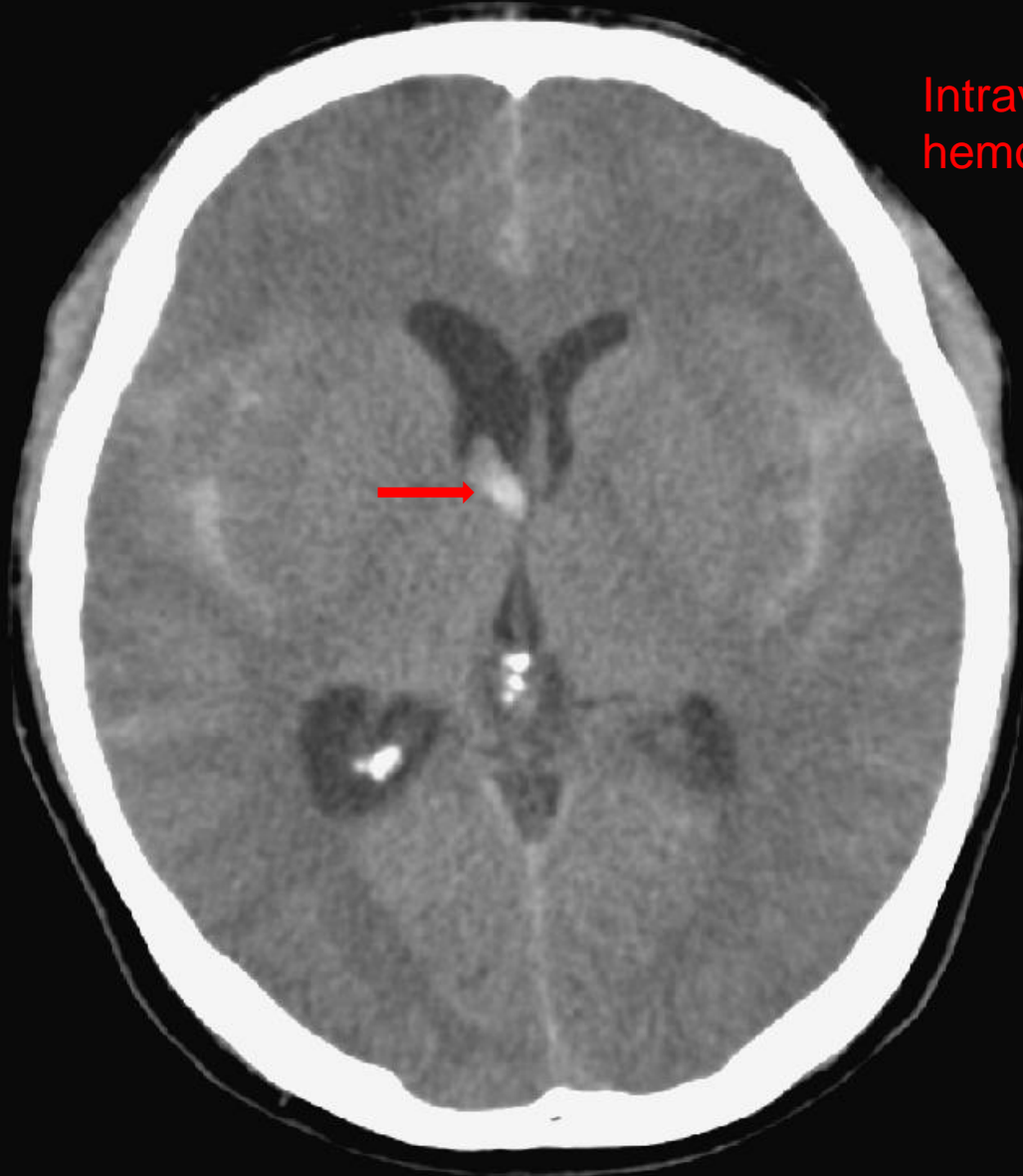
(48Y/M)

2016/05/28
12:23:52.203000

(17/36)
CT scan , Brain angiogram
Acq Time:12:29:24:704168
Ser:2
Img:17

Intraventricular
hemorrhage

CT
2064



[L]

7cm

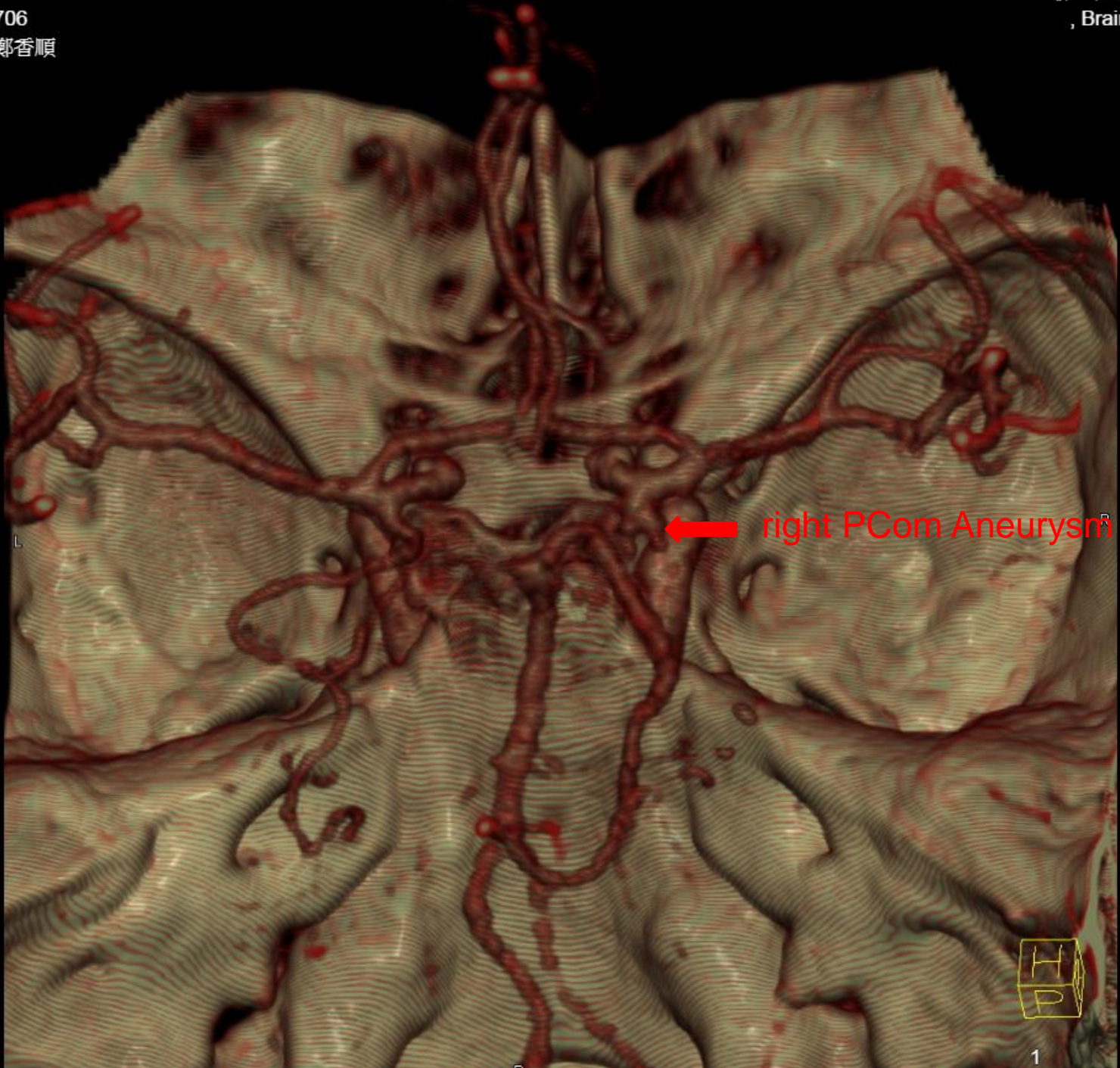
Fit 170%

HFS
SL:-148.20
ST:4.50
W:110 L:35

[P]

Sensation 16

SIEMENS
CT50283

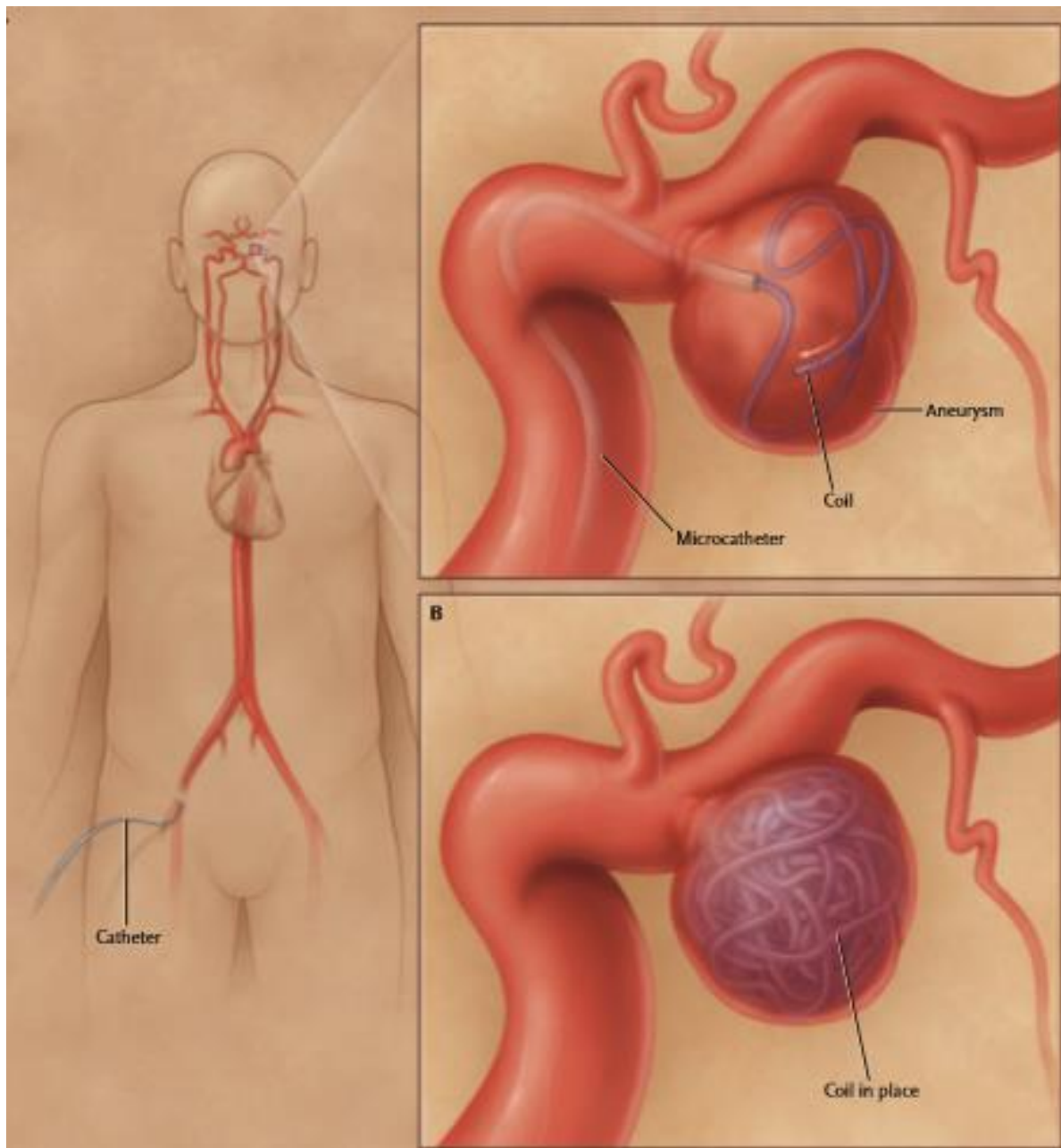


Diagnosis

- Right internal carotid artery-Pcom aneurysm rupture with subarachnoid hemorrhage, intraventricular hemorrhage and hydrocephalus.

Operation

TAE (Transarterial Embolization)



Jonathan L. Brisman, Joon K. Song, David W. Newell: Cerebral Aneurysms. N Engl J Med 2006;355:928-39.

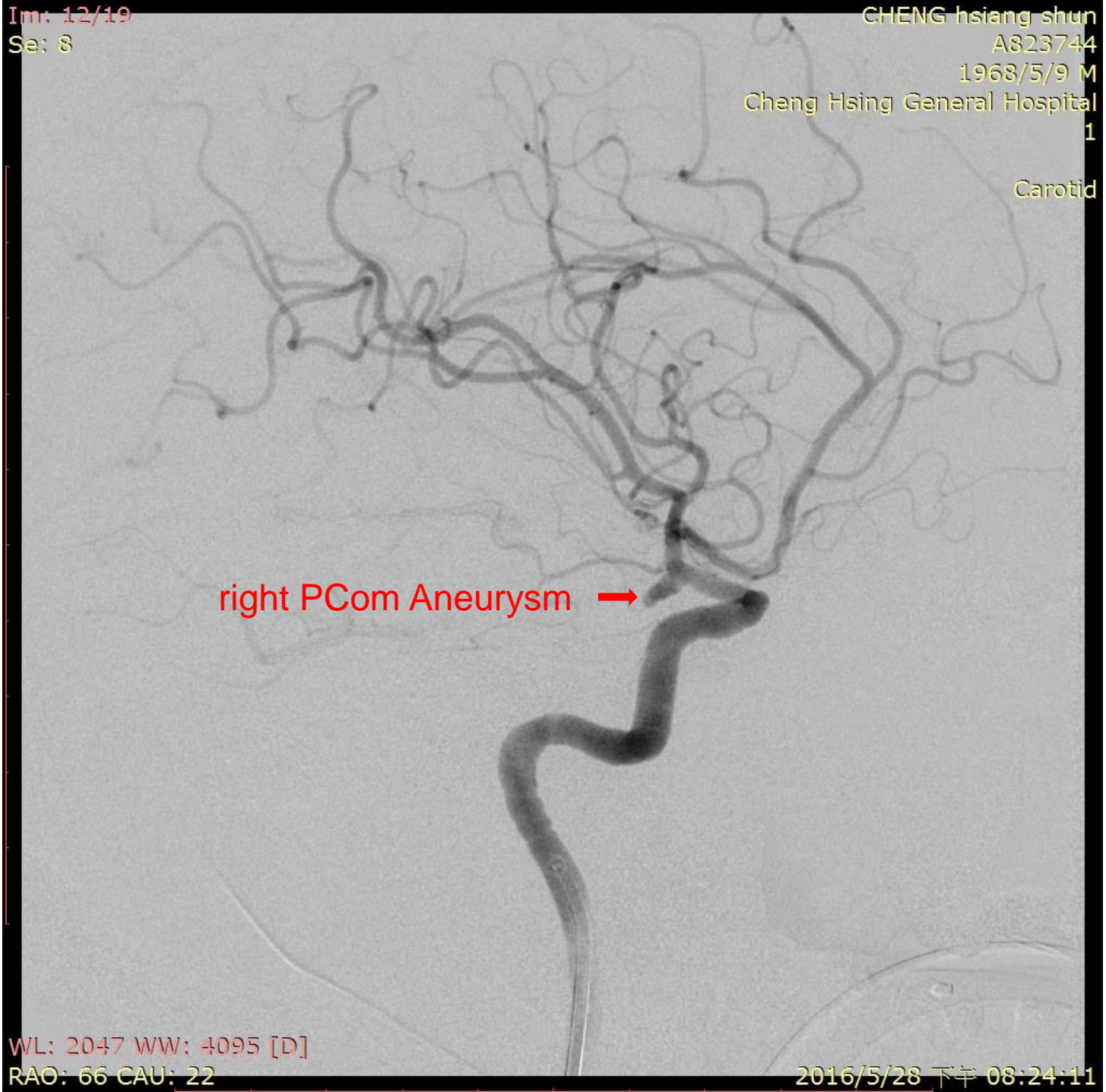
Im: 12/19
Se: 8

CHENG hsiang shun
A823744
1968/5/9 M
Cheng Hsing General Hospital
1
Carotid

right PCom Aneurysm →

WL: 2047 WW: 4095 [D]
RAO: 66 CAU: 22

2016/5/28 下午 08:24:11



Im: 1/1

Ser: 14

CHENG hsiang shun

A823744

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Cheng Hsing General Hospital

1L

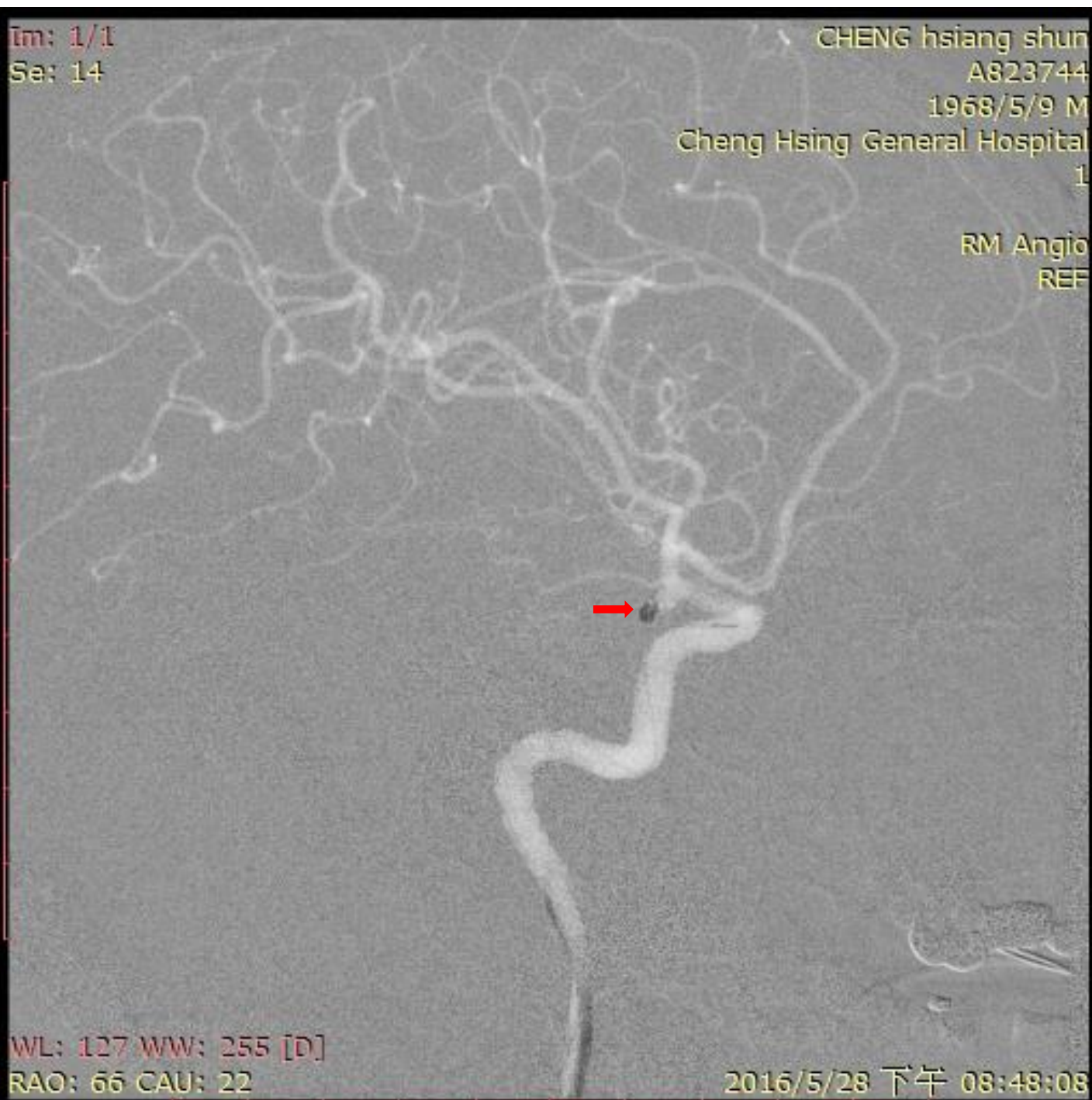
RM Angio

REF

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RAO: 66 CAU: 22

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1

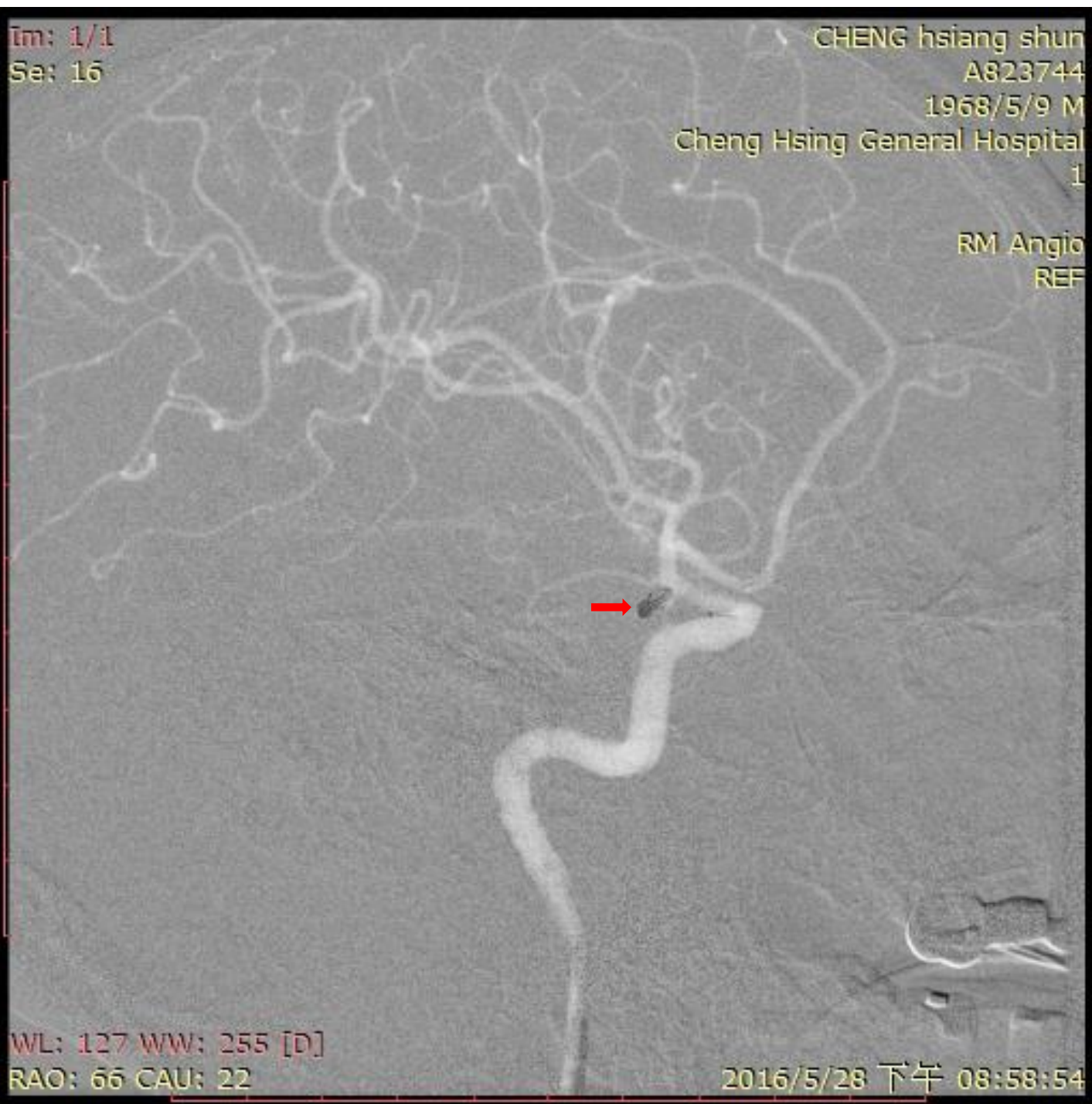
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RAO: 66 CAU: 22

2016/5/28 下午 08:58:54



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Se: 24

CHENG hsiang shun

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1968/5/9 M

Cheng Hsing General Hospital

1

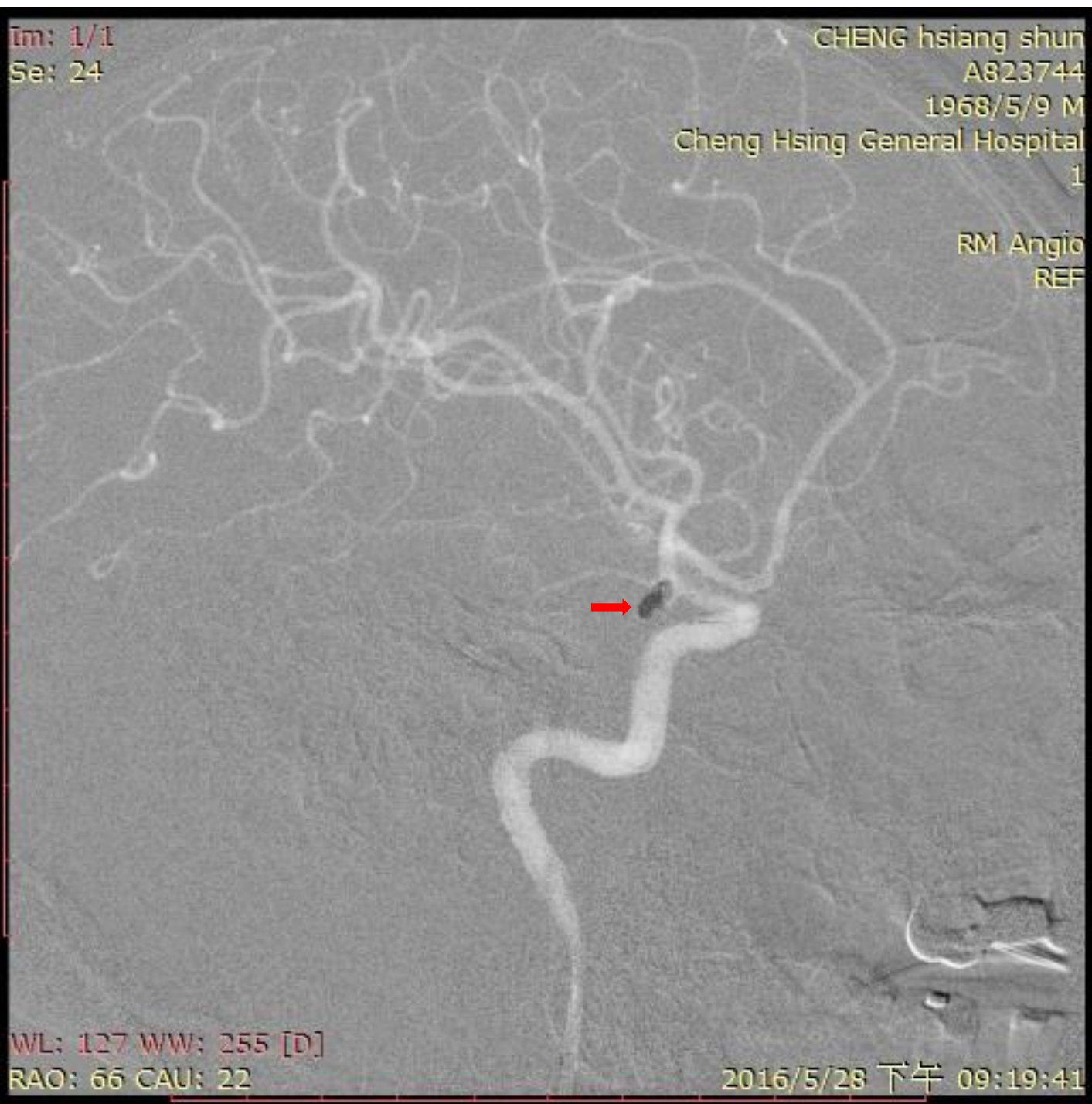
RM Angio

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WL: 127 WW: 255 [D]

RAO: 66 CAU: 22

2016/5/28 下午 09:19:41



Im: 11/13

Se: 25

CHENG hsiang shun

A823744

1968/5/9 M

Cheng Hsing General Hospital

1

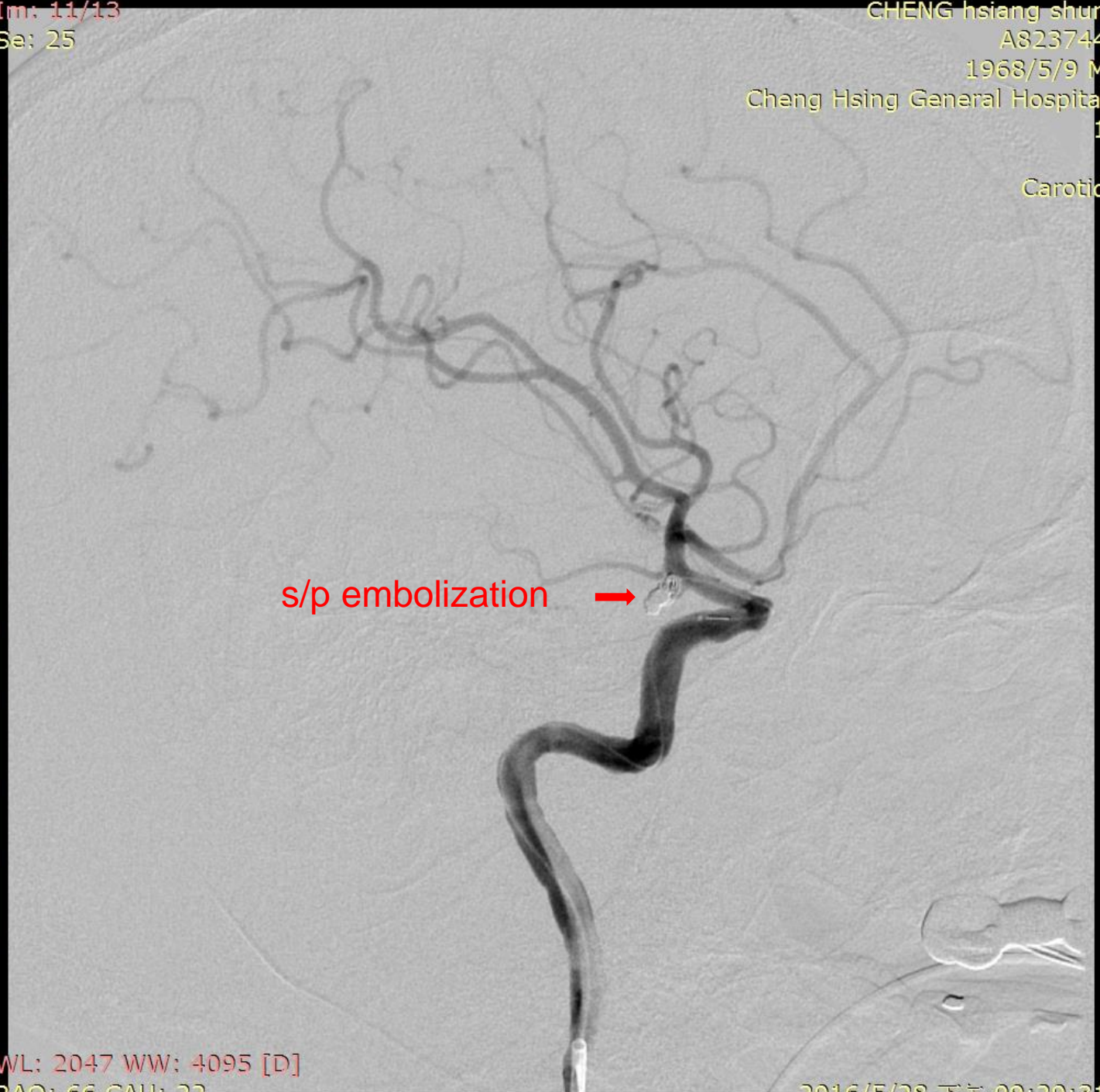
Carotid

s/p embolization →

WL: 2047 WW: 4095 [D]

RAO: 66 CAU: 22

2016/5/28 下午 09:20:31



Post-op Care

- Nimotop 30mg 2# Q4H PO to prevent vasospasm.
- IVF supplement with N/S 500ml QID.
- Keep close observation on GCS.

Hospital Course

3rd day (5/30)

-Operation: right EVD above ear 15 cm



Hospital Course

12th Day (6/8)

-Operation: V-P shunt

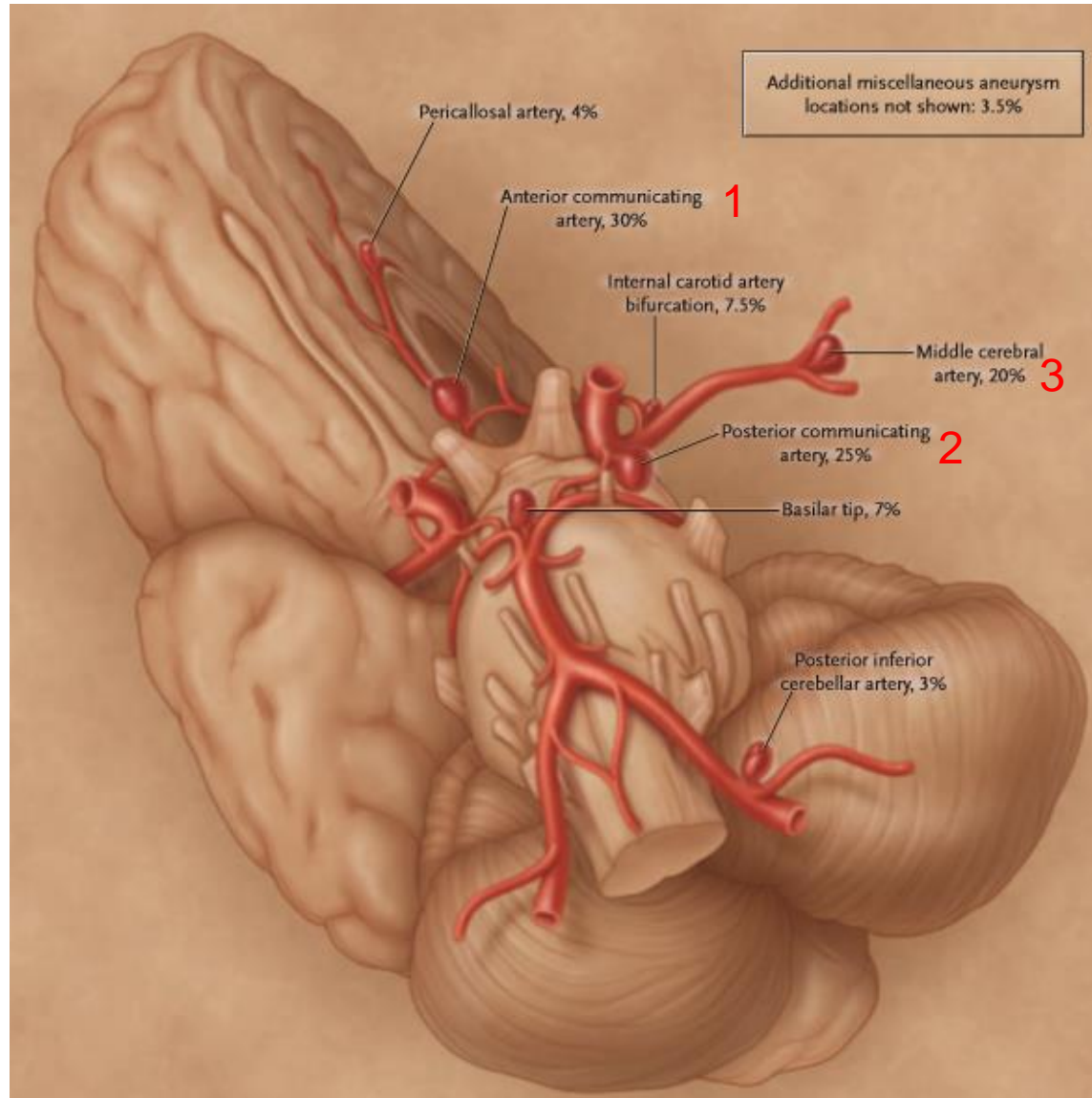
18th Day (6/14)



Aneurysmal subarachnoid hemorrhage

- Incidence: Varies by geographic region, United States (10~15/100,000), **China (2/100,000)**, Finland & Japan (19~23/100,000); F:M=1.6:1
- Risk factors: **Smoking, hypertension**, genetic risk, alcohol abuse, sympathomimetic drug use (eg. cocaine)
- Symptoms: **Sudden, severe headache (97%)**, nausea, vomiting, neck pain, photophobia, loss of consciousness, focal neurological deficits
- Mortality: **50% within the first 30 days**; predictive factors include level of consciousness and neurologic grade on admission, patient age, amount of blood on initial CT scan.

Locations of Intracranial Aneurysms



Surgical and Endovascular Methods for Treatment of Ruptured Cerebral Aneurysms

- Should be performed **as early as feasible**.
- For patients technically amenable to both endovascular coiling and neurosurgical clipping, **endovascular coiling should be considered**.

Management of complications

- **Rebleeding**

- Until coiling or clipping, SBP should be kept **below 180 mmHg**
- If BP is lowered MAP should be kept at least above 90 mm Hg

- **Vasospasm**

- **Nimodipine** should be administered orally (60 mg/4 h) to prevent delayed ischemic events (class I, level A)
- There is no evidence from controlled studies for induced hypertension or hypervolemia to improve outcome in patients with delayed ischemic deficit (class IV, level C)

Management of complications

- **Hydrocephalus**

- Placement of a **external ventricular drain**; can be used to reduce, monitor pressure, remove blood

- Patients with symptomatic chronic hydrocephalus require ventriculo-peritoneal or ventriculo-atrial shunting

- **Seizures**

- Antiepileptic treatment should be administered in patients with clinically apparent seizures

- There is **no evidence** that supports the **prophylactic** use of antiepileptic drugs (class IV, level C)



病人照護

Patient care

ACGME六大核心能力

(MIS + 3P)

- 醫學知識 (Medical knowledge)
- 人際關係及溝通技能 (Interpersonal and communication skills)
- 制度下之臨床工作 (Systems-based practice)
- 從工作中學習及成長 (Practice-based learning and improvement)
- 專業素養 (Professionalism)
- 病人照護 (Patient care)

病人照護的核心理念

- Peabody的名言「照顧病人的秘訣就在**關懷病人**」(for the secret of the care of the patient is in **caring for the patient**)



病人照護

- 醫師應提供具憐憫心、合適而有效的治療健康問題以及促進健康的病人照護
(Resident must “provide patient care that is **compassionate, appropriate, and effective** for the treatment of health problems and the promotion of health.”)

9項要求

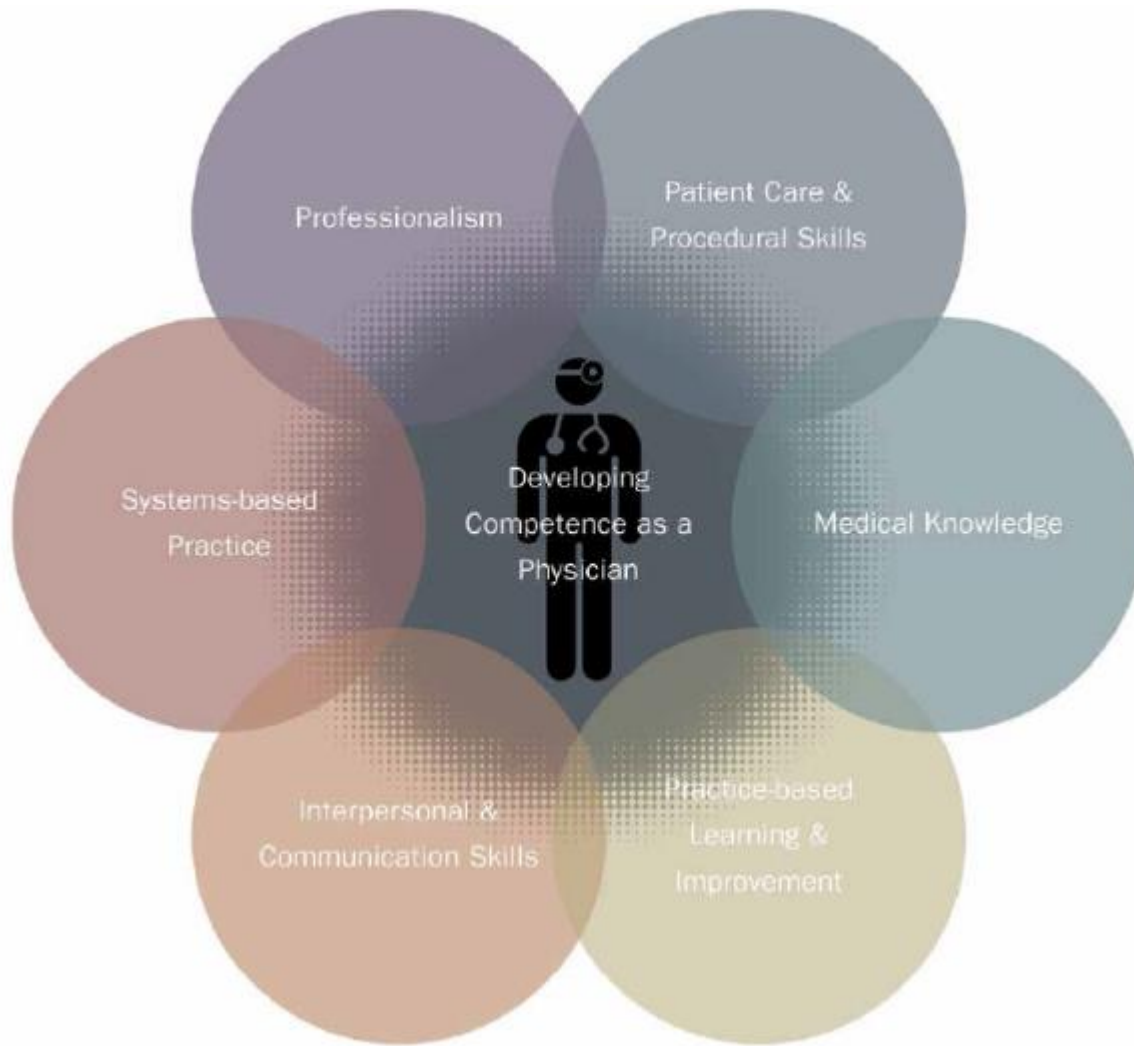
- ① 與病人及家屬互動時呈現**關懷與尊重**
- ② 與病人面談時能收集基本且**正確的資料**
 - Severe headache, vomiting, neck stiffness, smoking etc.
- ③ 根據病人的資料以及意願、最新的**醫學證據**以及臨床判斷做出有關**診斷以及治療的知情後決定**

9項要求

- ④ 訂出及執行病人處置計畫
- ⑤ 對病人及家屬進行諮商和衛教
 - Stop smoking
- ⑥ 利用資訊技術來支持病人照護的決定以及病人教育

9項要求

- ⑦ 執行所有醫療以及侵入性診療程序時具備充分能力
- ⑧ 對預防疾病或保健能提供相關的醫療照護
-Screening for intracranial aneurysm
- ⑨ 和醫療照護團隊合作，提供以病人為中心的照護



Thanks for your attention !!!