

急診室陷阱 970430

臺中榮民總醫院兒童醫學部

王建得醫師

- 9 y/o boy right cheek pain , intermittent since early morning
- Sent to our PER due to exacerbated in school
- Resolved at arrival, suspect parotiditis because of one episode about one month ago.

- Severe cheek pain, and crying
- No fever, no local swelling or tenderness over buccal mucosa or oral cavity
- PE: Dental condition: normal
Nose: normal
Throat: normal
- Consult Dentist: suspect eruption

- Laboratory data: mild elevated CRP
- Soft tissue of skull: wnl
- Low grade fever found during observation
- Admission due to **stress , of Doctor**

NEXT MORNING

- From mother's call,
- Final diagnosis:

主訴 < 28910 > 賈詩琳
< FALLEN DOWN FROM BED, 1 METER HEIGHT.

病史 < NO ILOC,
< LEFT TEMPORAL AREA HEMATOMA
< NO OTHER INJURY
< RECENT URI: COUGH, RUNNING NOSE
< BW: 20KG

手術

掛號日期時間： 970401 20:53

離院日期時間： 970401 21:

併發症 <
<

治療經過 < NO BONY INJURY. CLEAR CONSCIOUSNESS. INSTRUCTION FOR HEAD INJURY.
<
<
<
<

注意事項 < Acetaminophen tab 3 DAY 1 # QID;
< Cyprodine tab 4mg 3 DAY 1 # TID;
< Becantex tab 30mg 3 DAY 1 # TID;
<

RMO



RMO



Next morning,

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-----  
CHIEF      :< HEAD INJURY OF LEFT PARIETAL AREA WITH MILD SWELLING AT 20:00  
COMPLAINT < ON 4/1. PROGRESIVELY VOMITING SINCE 4/1 22:30.  
& PRESENT < BLOODY CONTENT WITHIN VOMITUS.  
ILLNESS    < NO FEVER. COUGH AND RHINORRHEA FOR 2 DAYS.  
           < CONTACT HISTORY: NIL  
           <  
           <  
           <  
PAST       :<  
HISTORY    <  
           <  
BIRTH     :<  
HISTORY    <  
FEEDING   :<  
IMMUNIZATION:  
HISTORY    <  
PHYSICAL EXAMINATION: DATE < 970402 > TIME< 0841 >  
VITAL SIGNS:BP< 104/79 >mmHg PR< 120 >/M RR< 20 >/M BT< 36  
----- BW< 21KG > -----  
                                     請按執行鍵
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Suggest: brain CT because of huge hematoma, unusual vomiting

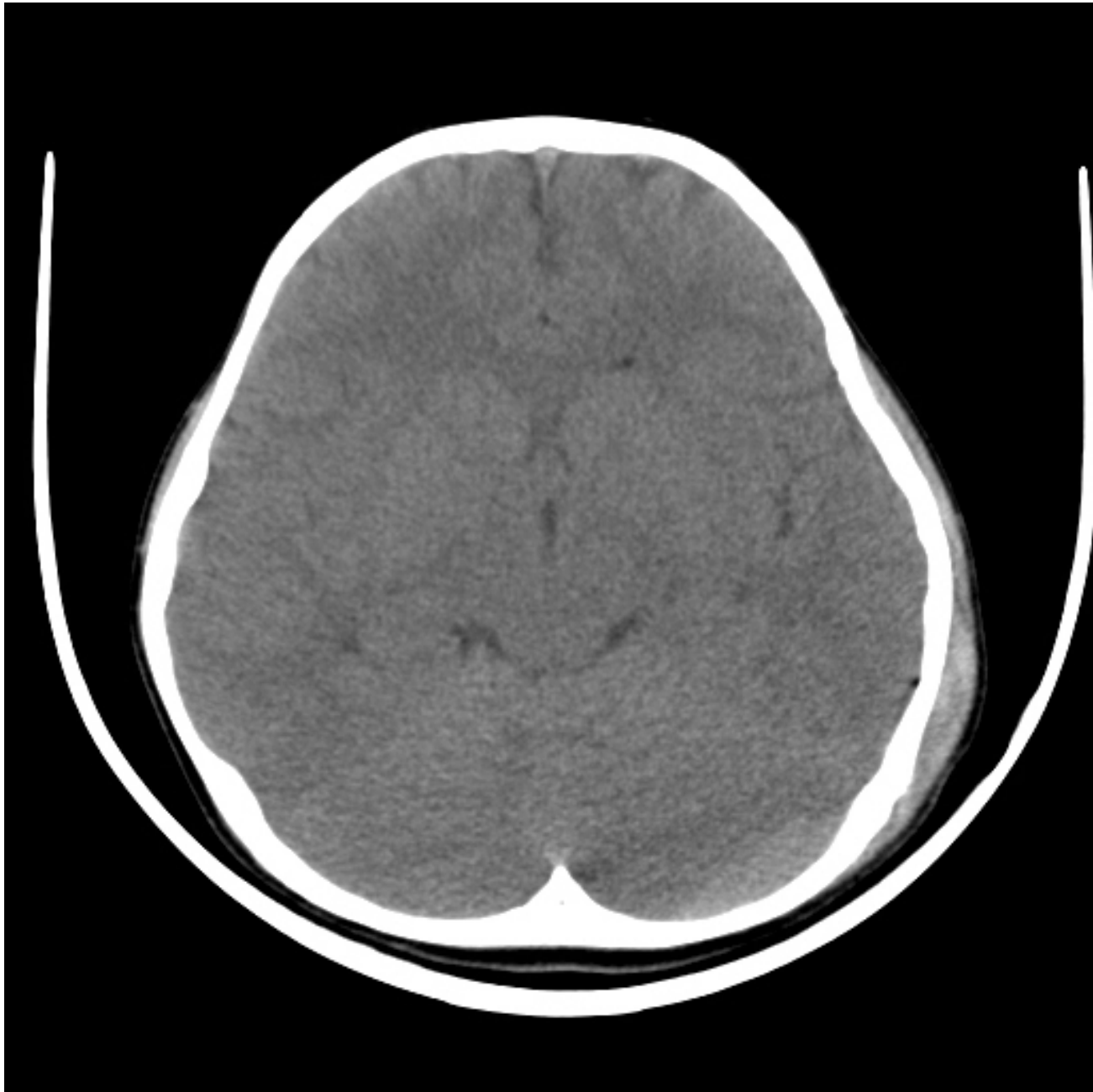
Family: tolerance to feeding, no vomiting, no headache fear of radiation

日期時段	BP	PR	RR	BT
970402-0841	/			36
970402-0850	104/79	120	21	
970402-1230	/			36.2
970402-1457	132/110	110	23	36.4
970402-1700	92 /53	92	20	35.8
970402-2100	/			35.9

This is W3 night

Headache, crying, immobilization

Highly suggest: brain CT



Family said

- Thank doctors for insist of brain CT exam

CHIEF :< REFER FORM DA-CHEN H.
COMPLAINT < ABDOMINAL PAIN SINCE THIS NOON
& PRESENT < VISIT DA-CHEN H. AND UGI SCOPY SHOWED SUPERFICIAL GASTRITIS
ILLNESS < RETAINED FOOD, INCOMPLETE EXAM, WBC:12790, SEG/LYM:85.7/10.9

<
<
<
<
<

PAST :< TRAFFIC ACCIDENT WITH BOWEL TRAUMA S/P OPERATION WHEN 11 Y/O
HISTORY <

<

BIRTH :<
HISTORY <
FEEDING :<

IMMUNIZATION:
HISTORY <

PHYSICAL EXAMINATION: DATE < 970115 > TIME< 2214 >

VITAL SIGNS:BP< 134/72 >mmHg PR< 69 >/M RR< 18 >/M BT< 36 >

----- BW< 50KG > -----

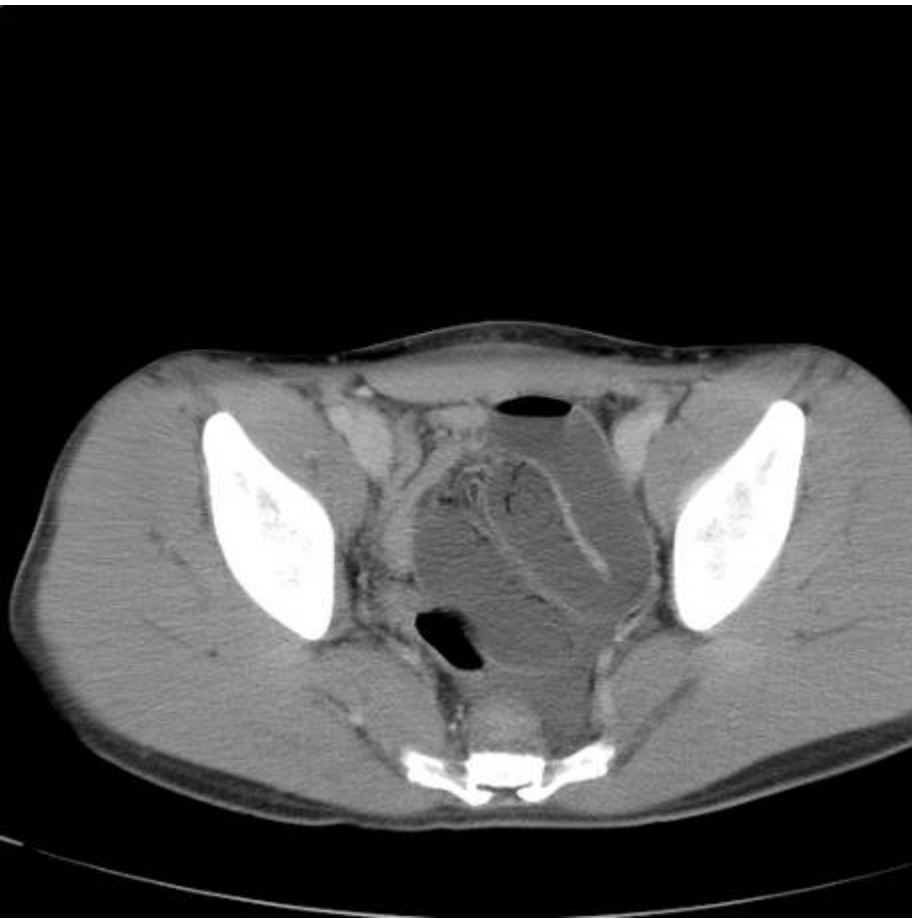
請按執行鍵

General condition	< _ >	< ILL LOOKING	>
Consciousness	< >	< ALERT	>
Head:	< >	<	>
Ant Fontanel	< >	< CLOSED	>
Conjunctiva	< >	< NOT PALE, EAR DRUM: NORMAL	>
ENT	< >	< NOT INJECTED THROAT , ULCERS- , PUS-	>
Neck	< >	< SUPPLE, NO MENINGEAL SIGNS	>
Heart	< >	< RHB, NO MURMUR	>
Chest & Lung	< >	< CLEAR BS, NO RALES, NO WHEEZING	>
Intercost Retr.	< >	< NO RETRACTION	>
Abdomen	< >	< SOFT, TENDERNESS OVER PERIUMBILICAL AREA	>
		< HYPER-ACTIVE BOWEL SOUNDS, NO REBOUNDED PAIN	>
		< NO PERITONEAL SIGN, NO PSOAS SIGN, NO OBTURATOR SI	>
Rectodigital exam	< >	< GN	>
Back, Spine	< >	<	>
Extremities	< >	< FREELY MOVEMENT, NO LIMITED R.O.M.	>
Skin	< >	< NO RASH, CAPILLARY REFILLING TIME < 2S	>
Neurology	< >	< NO FOCAL SIGNS	>
		<	>
DTR	< >	< ++/++	>
Barbinski	< >	< -/-	>



What do you do next ?

- Laboratory data: WNL



Final diagnosis

- A segment of ileum, about 10 cm in length, 150 cm from ileocecal valve, was restricted by adhesion band. Hemorrhagic infarction is noted. Proximal dilation and distal collapse was also noted.



- 16 Y/O boy (1212353E)
- Sore throat extended into upper chest
- Acute onset after singing for several hours
- Painful sensation during inspiration
- No fever, no special meal, no URI S/S, no dental problem.
- History taking:
- PE:



2 days later



Final diagnosis

Spontaneous pneumomediastinum

5 y/o boy

Neck pain, right

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CHIEF      :< Fever for 3 days, vomiting when fever
COMPLAINT  < no cough, no rhinorrhea
& PRESENT  < pain over right neck : not swelling
ILLNESS    < poor activity and poor appetite
          <
          <
          <
          <
          <
PAST       :< Allergy HX: denied
HISTORY    <
          <
          <
BIRTH      :<
HISTORY    <
FEEDING    :<
IMMUNIZATION:
HISTORY    <
PHYSICAL EXAMINATION: DATE < 970213 > TIME< 0626 >
  VITAL SIGNS:BP< 126/42                >mmHg PR< 163 >/M RR< 24 >/M BT< 38.9
----- BW< 23 > -----
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請按執行鍵

急診病歷第2頁	正常	POSITIVE FINDINGS	請按空格鍵清除N
General condition	< _ >	< fair LOOKING	
Consciousness	< >	< ALERT	
Head:	< >	< neck swelling(-), tenderness when palpating over Rt	
Ant Fontanel	< >	< neck, CLOSED	
Conjunctiva	< >	< NOT PALE, EAR DRUM: NORMAL	
ENT	< >	< INJECTED THROAT, ULCERS-, PUS-, much dental caries	
Neck	< >	< SUPPLE, NO MENINGEAL SIGNS	
Heart	< >	< RHB, NO MURMUR	
Chest & Lung	< >	< CLEAR BS, NO RALES, NO WHEEZING	
Intercost Retr.	< >	< NO RETRACTION	
Abdomen	< >	< SOFT, NO TENDERNESS	
		< NORMO-ACTIVE BOWEL SOUNDS	
		<	
Rectodigital exam	< >	<	
Back, Spine	< >	<	
Extremities	< >	< FREELY MOVEMENT, NO LIMITED R.O.M.	
Skin	< >	< NO RASH, CAPILLARY REFILLING TIME < 2S	
Neurology	< >	< NO FOCAL SIGNS	
		<	
DTR	< >	< ++/++	
Barbinski	< >	< -/-	



Diagnostic criteria of Deep neck infection

Prevertebral space C2 > 7 mm

C6 > 22 mm

Sensitivity : 88-100 %

General condition	< _ >	< ILL LOOKING	>
Consciousness	< >	< ALERT	>
Head:	< >	<	>
Ant Fontanel	< >	< CLOSED	>
Conjunctiva	< >	< NOT PALE, EAR DRUM: NORMAL	>
ENT	< >	< NOT INJECTED THROAT , ULCERS- , PUS-	>
Neck	< >	< SUPPLE, NO MENINGEAL SIGNS	>
Heart	< >	< RHB, NO MURMUR	>
Chest & Lung	< >	< CLEAR BS, NO RALES, NO WHEEZING	>
Intercost Retr.	< >	< NO RETRACTION	>
Abdomen	< >	< SOFT, EPIGASTRIC & RLQ TENDERNESS, REBOUNDED PAIN	>
		< +, NORMO-ACTIVE BOWEL SOUNDS	>
		< DULLNESS+	>
Rectodigital exam	< >	<	>
Back, Spine	< >	<	>
Extremities	< >	< FREELY MOVEMENT, NO LIMITED R.O.M.	>
Skin	< >	< NO RASH, CAPILLARY REFILLING TIME < 2S	>
Neurology	< >	< NO FOCAL SIGNS	>
		<	>
DTR	< >	< ++/++	>
Barbinski	< >	< -/-	>

PER - 000 000951604F 劉智宇 小兒科 健保

INITIAL< ABDOMINAL PAIN, R/O ACUTE APPENDITIS, R/O AGE >
IMP < >
< >

併發
症

< NIL.

治療
經過

<

< AT PER, PE SHOWED EPIGASTRIC AND RLQ PAIN, REBOUNDING PAIN(+/-),
< PSOAS(-), OBTURATOR(-), MUSCLE GAURDING(-). KUB SHOWED STOOL IMPA
< CTION WITH MILD LOCAL ILEUS. EVAC ENEMA WAS DONE THEN MUCH STOOL
< WAS NOTED. HE GOT IMPROVED GRADUALLY DURING PER OBSERVATION. AFTE
< R WELL EDUCATION WITH FAMILY ABOUT TOXIC SIGNS, HE WAS DISCHARGED
< UNDER STABLE CONDITION AND OPD F/U WAS ARRANGED ON 0305.

<

注意
事項

< Biofermin tab 3 DAY 5 # TID;Lederscon tab 3 DAY 1 # QID;
< 5mg-Primperan tab 3 DAY 1 # TIDAC;Mag. Oxide tab 3 DAY 1 #

970316 Mother's Call , 119

Mother's eight points

- Why no KUB ?
- Why no laboratory data?
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- How to improve ?

Feedback

- Family thought
- Family feeling
- Family interpretation
- Family need

Thanks for your attention