

急診室陷阱 970123

臺中榮民總醫院兒童醫學部

王建得醫師

# 20 M/O boy

CHIEF :< intermittent fever for 5 days up to 39 C  
COMPLAINT & PRESENT :< progressive cough, rhinorrhea, post-drug feeding vomit,  
& PRESENT :< poor appetite, no diarrhea, decreased activity and spirit  
ILLNESS :< no contact Hx, fever exacerbated despite antipyretics  
< ever visited LMD for 3 times  
<  
<  
<

PAST :< nil  
HISTORY <  
<

BIRTH :< full term  
HISTORY <  
FEEDING :<

IMMUNIZATION: as schedule, JPV (-)  
HISTORY <

PHYSICAL EXAMINATION: DATE < 961221 > TIME< 1829 >

VITAL SIGNS:BP< 97/67 >mmHg PR< 112 >/M RR< 24 >/M BT< 37.1

BW< 11KG >

請按執行鍵

EMGMRP1

負責醫師： 王建得

General condition	< _ >	< ILL LOOKING
Consciousness	< >	< ALERT
Head:	< >	<
Ant Fontanel	< >	< CLOSED
Conjunctiva	< >	< NOT PALE, EAR DRUM: cerumen impacted
ENT	< >	< injected throat, tonsil enlarge+, pus+, ulcer-
Neck	< >	< SUPPLE, NO MENINGEAL SIGNS
Heart	< >	< RHB, NO MURMUR
Chest & Lung	< >	< coarse BS, NO RALES, NO WHEEZING
Intercost Rectr.	< >	< 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	< >	< -/-

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INITIAL< acute nasopharyngitis

IMP <  
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OTHERS:<

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請按執行鍵





961221

併發症 NIL

治療經過 AT PER, ACTIVITY WAS POOR AND DRY LIP WAS NOTED. PE REVEALED INJECTED THROAT WITH ENLARGED TONSIL AND WHITE COATING, COARSE BS, SOFT ABDOMEN WITH NORMOACTIVE BOWEL SOUND. ACUTE TONSILITIS WAS SUSPECTED. LAB DATA REVEALED NO LEUKOCYTOSIS AND WNL CRP, NO PYURIA. CXR REVEALED NO SPECIFIC FINDING. THE GENERAL CONDITION WAS IMPROVING S/P IV HYDRATION AND SYM TX. HOWEVER, INTERMITTENT FEVER PERSISTED, HE WAS ADMITTED FOR FURTHER MANAGEMENT.

若需修改出院帶藥，請使用處方功能

注意事項

掛號日期時間： 961221 18:21 < ----- 離院日期時間： 961223 13:11 -----

96/12/23	12:25	Admitted at 96/12/23 1300,由急診,抱入,家屬陪伴入病房。 , <b>O</b> : 精神活倦怠,靜脈輸液通暢,無紅腫情形, <b>I</b> : 完成入院護理、環境介紹、小兒常見意外事件說明,通知鄭翔太醫師診視,給予入院須知簡介及安全防護之注意事項告知,床欄使用。RN洪淑真
		<b>O</b> : 口溫:38.9 ℃
		<b>O</b> : 一般脈搏:173 次/分
		<b>O</b> : 呼吸:44 次/分
		<b>O</b> : 血壓:81/44 mmHg(坐:左手)
	13:30	<b>O</b> : 體溫38.9 ℃ 精神倦,呼吸淺快, <b>I</b> : 依醫囑予以ANTI-PHEN 5ML PO,教導家屬發燒照顧
	15:00	<b>E</b> : 體溫38.6 ℃減少被蓋
	15:30	<b>O</b> : 聽診雙側呼吸濕囉音明顯, <b>I</b> : 提供衛教單張及說明胸腔物理治療方法並依醫囑予以3% NAACL 3ML INH, <b>E</b> : 鼻腔分泌物多
	17:20	<b>O</b> : 體溫39.1度, <b>I</b> : 依醫囑給予Ibuprofen susp. 4CC PO
	18:20	<b>E</b> : 體溫37.5度,食慾欠佳,靜脈注射輸液補充,鼓勵少量多餐,聽診肺部呼吸音清晰,咳嗽厲害,按時給予氧氣蒸氣吸入使用家屬可正確執行
	20:09	<b>O</b> : 體溫38.6度, <b>I</b> : 依醫囑給予常規 Anti-phen 5 CC PO
	21:00	<b>E</b> : 體溫39度
	22:00	<b>E</b> : 體溫38.4度
	23:06	<b>O</b> : 體溫39.1度, <b>I</b> : 依醫囑給予Ibuprofen susp. 4CC PO
96/12/24	00:00	<b>O</b> : 體溫38.4度,呼吸淺快RR50-60次/分,spo2:90%, <b>I</b> : 通知鄭翔太醫師並給予氧氣罩FiO2 35%及血氧監測器持續使用, <b>E</b> : SPO2:94-96%
	03:00	<b>O</b> : 體溫:38.2度,呼吸淺快60次/分,spo2:97%,氧氣罩FiO2 35%使用, <b>I</b> : 依醫囑予以ANTI-PHEN 5ML PO
	09:55	<b>O</b> : 口溫:38.6 ℃, <b>I</b> : 調整室溫及被蓋,調整輸液,通知醫師,依醫囑給藥ANTI-PHEN 5CC PO
		<b>O</b> : 一般脈搏:171 次/分
		<b>O</b> : 呼吸:56 次/分, <b>I</b> : 監測血氧濃度,提供氧氣治療
		<b>O</b> : 血壓:133/50 mmHg(躺:左手),經醫師診視及病情解釋後備轉加護病房續治療, <b>I</b> : 予以病危通知,協助抽血,輸液維持順暢,氧氣罩使用中, <b>E</b> : SAO2 : 100%
	10:00	轉出摘要: 12/16 高燒39-40度,到LMD求治症狀未改善,食慾減少幾乎不進食,發燒症狀未改善,腹瀉5次天,到急診求治,抽血WBC 9700/CUMM,CRP 0.1MG/DL,於急診留觀,12/23咳嗽,呼吸濕囉音明顯,建議入院,12/24因呼吸喘發燒症狀無改善且右上肺葉痰多醫師建議入加護病房治療



961224





檢體： Blood 簽收時間 961224 - 1151  
申請序號： 40949839 檢驗項目： BLOOD ANAER.& ORD. C. & SENS. T.

陰性結果： .....

陽性結果： Streptococcus pneumoniae

菌落數目

Ampicillin Cefazolin Clindamycin Clarithromy Gentamicin Amikacin Chloromy

(1) .....  
(2) .....  
(3) .....  
(4) .....

Unasyn Penicillin GM(120ug) SMX+TMP Vancomycin Oxacillin Cefpirom

(1) ..... I:1.0 ..... R ..... S .....  
(2) .....  
(3) .....  
(4) .....

Carbapen(IPM) Cefoperazon Cefotaxime Ceftazidime Cefepime Ceftriaxone Flomoxe

(1) ..... S .....  
(2) .....  
(3) .....  
(4) .....

日期時段	BP		PR	RR	BT
961221-1824	/				37.1
961221-1830	97 /67		112	24	
961221-2000	/				37.9
961221-2030	/				38.7
961221-2210	/				38.0
					Voltaren
961221-2330	/				37.5
961222-0130	113/82		130	30	39.4
961222-0300	/				37.7
961222-0600	/				37.6
961222-0830	129/51	crying	100	22	38.2
961222-1200	/				37.3
					Voltaren
961222-1250	/				38.3
961222-1335	/				38.7
					Scanol
961222-1530	/				36.8
					Voltaren
961222-1630	109/80		111	26	37.4
961222-1847	/				38.7
961222-2006	/				38.4
961222-2040	/				38.9
961222-2215	/				37.8
961222-2320	/				38
961223-0040	106/74		116	24	37.7
961223-0300	/				38.1
961223-0500	/				37.5
961223-0605	/				38.2
961223-0900	/	crying			37.5
961223-1300	/				37.6

# 當事情發生時.....

## 即使是**OFF**，心情**XXX**

- Family's response
- Initial diagnosis
- Vital signs chart
- Progression note
- Nursing chart
- Bed available at that time ?

# Feedback

- 兒科病人不宜久留
- PER檢查和處置不宜太保守
- Progression Note要記得寫
- 一定要Ward round