



三軍總醫院重症醫學部 支持性療法之通用流程



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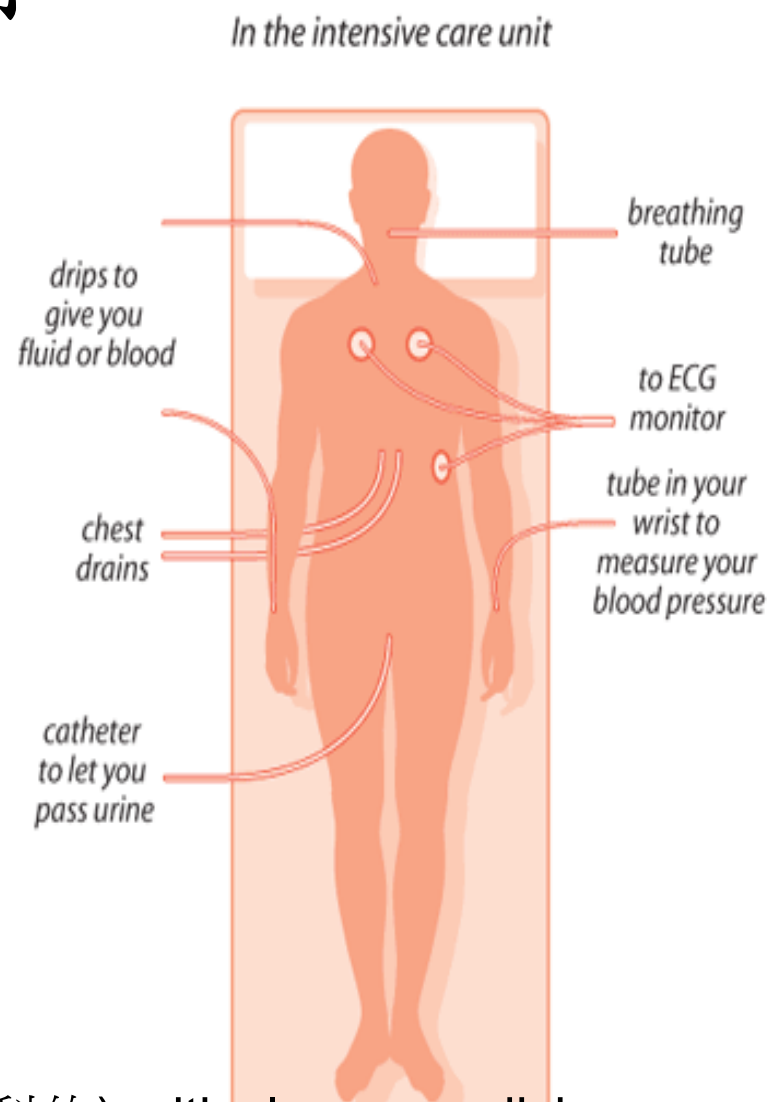
觀念

The background is a traditional Chinese ink wash painting. It depicts a landscape with a large tree on the left, several birds in flight, and a building on the right. The sky is a mix of orange and yellow, suggesting a sunset or sunrise. The overall style is soft and atmospheric.

觀念決定人生的命運

觀念1 面面俱到

- ICU病人的日常照顧絕不可頭痛醫頭，腳痛醫腳，否則容易顧此失彼，問題也可能會層出不窮。例如病人開完胸部手術，絕不可只照顧胸部，仍需對病人由頭至腳，由裏而外做一個系統性且全面性的評估及照顧，但對於胸部手術的位置必需特別注意且加強照顧。因此身體各器官是環環相扣，所以我們必需面面俱到。



Multidisciplinary (多學科的) critical care medicine

觀念2 Homeostasis 評估平衡點

- Whereas critical care initially focused on trying to **restore homeostasis**, there is increasing recognition that normal physiology is not always the most desirable therapeutic target.
- 人若生病，會進入一個新的平衡點以維持生命。治療病人時，往往難以兩全其美，**無法**將病人的各項數值及病理狀態都**矯正到正常**，需做通盤的考量，且必須評估病人的治療平衡點於何處，兩害相權取其輕，在利弊得失之間找到成功機會高且能維持病人良好狀態的平衡點。

觀念3：身、心、靈 recovery (1)

Care and Support During Recovery (1) :

1. Recovery, was added to the IHCA and OHCA Chains of Survival
2. Because recovery from cardiac arrest continues long after the initial hospitalization, patients should have formal assessment and support for their physical, cognitive, and psychosocial needs.
3. 2020 (New): We recommend that cardiac arrest survivors have multimodal rehabilitation assessment and treatment for physical, neurologic, cardiopulmonary, and cognitive impairments before
4. discharge from the hospital.

觀念3：身、心、靈 recovery (2)

Care and Support During Recovery (2) :

5. 2020 (New): We recommend that cardiac arrest survivors and their caregivers receive comprehensive, multidisciplinary discharge planning, to include medical and rehabilitative treatment recommendations and return to
6. activity/work expectations. ' -
7. 2020 (New): We recommend structured assessment for anxiety, depression, posttraumatic stress, and fatigue for cardiac arrest survivors and their
8. caregivers.
9. Recovery continues long after the initial hospitalization and is a critical component of the resuscitation Chains of Survival.

過猶不及
適可而止
恰到好處

—

中庸之道



致廣大而盡精微 極高明而道中庸

〔二十七〕 聖人之道

大哉聖人之道！洋洋乎，發育萬物，峻極于天。優優大哉！禮儀三百，威儀三千，待其人而後行。故曰：「苟無至德，至道不凝焉。」故君子尊德行而道問學，致廣大而盡精微，極高明而道中庸，溫故而知新，敦厚以崇禮。是故居上不驕，為下不倍。國有道，其言足以興；國無道，其默足以容。詩曰：「既明且哲，以保其身。」其此之謂與！

Multifaceted approach

面面俱到

- An example is the **FAST HUG** mnemonic developed by Vincent:
- F: Feeding
- A: Analgesia
- S: Sedation
- T: Thromboprophylaxis
- H: Head of bed elevation
- U: Ulcer prophylaxis
- G: Glycemic control

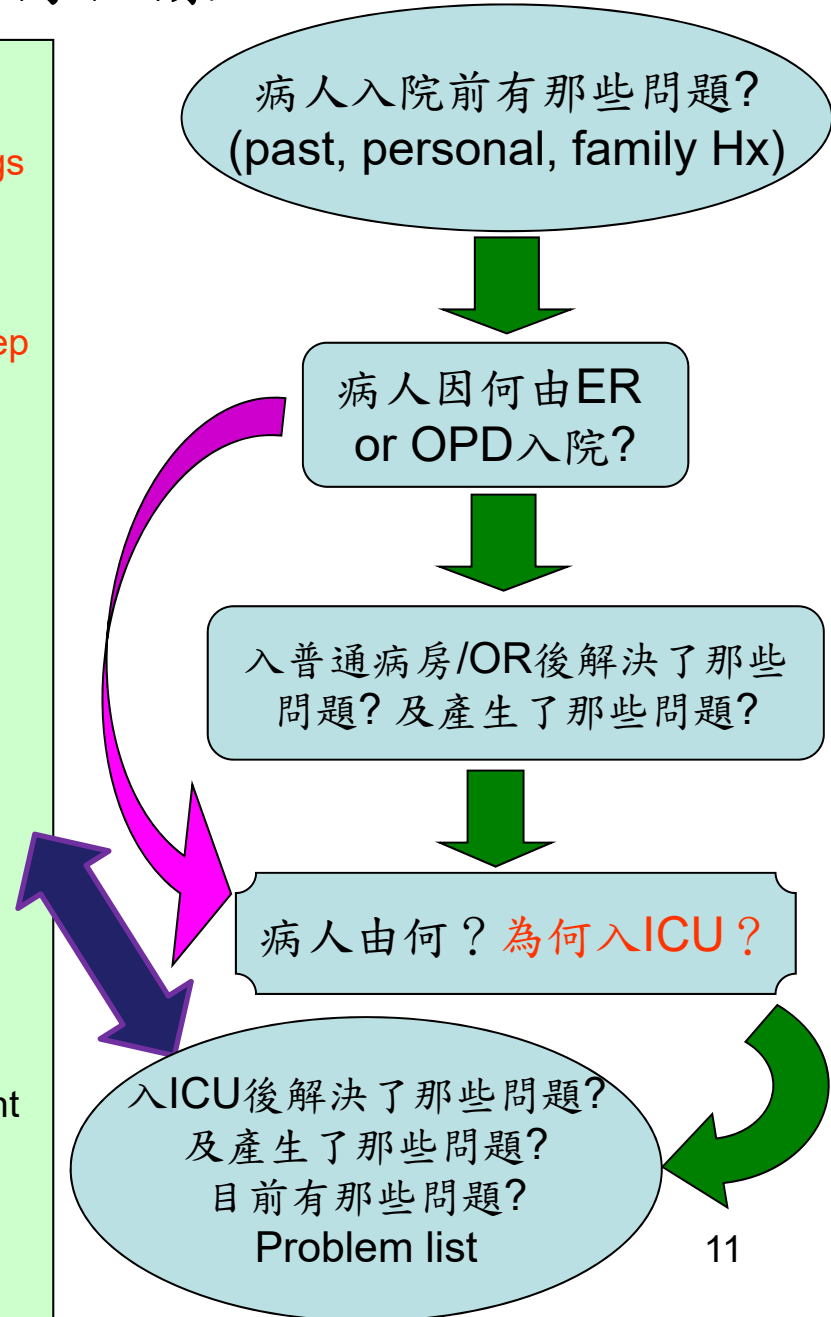
面面俱到

- 鎮靜(Sedation)
- 營養(Nutrition)
- 通氣(Ventilation)
- 感染 (Infection)
- 灌流(Perfusion)
- 照會(Consultation)
- 用藥(Medication)
- 預防(Prevention)
- 溝通(Communication)
- 病史(History)
- 高級心臟救命術
(Advanced cardiac life support)
- 特殊疾病之處理(Specific disease)
- 處置(Procedures)
- 準則流程(Protocols, guidelines)
- 趨勢(Trend)

三軍總醫院重症醫學部支持性療法

History

1. **Sedation:** PADIS Guidelines (Pain, Agitation/Sedation, Delirium, Immobility, Sleep Disruption), ABCDEF
2. **Nutrition:** ASPEN, ESPEN guidelines, early enteral feedings
3. **Ventilation:**
4. **Infection:** Bundle care (洗手, ASP, CLABSI, VAP, CAUTI, SSI)
5. **Perfusion:** Monitoring of tissue perfusion is an essential step in the management of acute circulatory failure
6. **Consultation:**
7. **Medication:** Drugs (TDM, 藥物配伍禁忌....)
8. **Prevention:** (stress ulcer, DVT, secondary infection, ICU psychosis, pressure sores..)
9. **Communication** (含:SDM、共照、重症安寧、出院準備計畫, TRM)
 - **Protocol:** Guidelines (glucose control, low dose steroid, SSC, ARDS, abdominal compartment syndrome, trauma management.....)
 - **Procedures:** Endotracheal intubation, tracheostomy, nasogastric tube, nasojejunal tube, urinary catheter, echocardiography, central venous catheterization, arterial line catheterization.
 - **Trend vital signs,** I/O accumulation, Lab data, image, general condition, body weight,
 - **ACLS:** **Post resuscitation care**, Hemodynamic management and monitoring, circulation rate, proper volume, pump, resistance, mechanical circulatory support
 - **Specific disease:** liver cirrhosis, renal failure, DKA, stroke, ACS, pulmonary edema..)



重症有法，而無定法，
一法為主，多法相輔



三軍總醫院重症醫學部支持性療法



入普通病房/OR後解決了那些問題？及產生了那些問題？



病人由何？為何入ICU？