



附件 1: 全人醫療訓練照護案例參考範本

請詳實記載理學檢查及病史…等相關項目

出院病歷摘要 Discharge Summary

(表 1)

Page: 1

臺北紀念醫院	姓名	身份證號	性別	出生日期	病歷號碼
	僅供參考	僅供參考	男	僅供參考	僅供參考
轉入醫院	地址	病歷	僅供參考	轉入醫院地址電話	流水編號
入院日期	2011年03月01日	皮膚科系	PIK111A	病床號碼	
轉科(床)		病床號		病床號	
出院日期	2011年03月19日	住院天數計: 15日			
<p>1. 出院診斷(Diagnosis on Discharge):</p> <ol style="list-style-type: none"> 1. Granulomatous inflammation, r/o tuberculoid leprosy, r/o sarcoidosis 2. Hypertension 3. Tinea pedis <p>2. 主訴(Chief Complaint): Painful swelling erythema over right dorsal foot for 2 months</p> <p>3. 病史(Summary of History): This patient was a 81-year-old male. He stated that he had hypertension under well controlled. He denied any other systemic disease. The patient complained that he had painful swelling erythema over right dorsal foot for 2 months. Due to above problem, he came to our OPD for help on 2/9, 2/16, 2/25, 3/2, 3/4. Although the area of painful swelling erythema was showed fair response to dicloxacillin, the erythema was still tenderness and painful. One scaly red plaque on the right forehead was also noted for 1.5 months. This time, the patient was admitted via OPD. The area of painful swelling erythema over right dorsal foot was redness, heat, tenderness and painful. According to the patient, the area of erythema had been progressed. Edema of right lower leg was also noted. The scaly red plaque on the right forehead was redness, heat without tenderness and pain. Under the impression of cellulitis, he was admitted for further survey and management.</p> <p>4. 體檢發現(Physical Findings): 身高:158.3CM (20110304) 體重:64.9KG (20110304) BMI:25.8 GENERAL APPEARANCE: Fair looking CONSCIOUSNESS: Clear, E 4 V 5 M 6 HEENT: Sclerae: NOT icteric Conjunctivae: NOT pale Oral cavity: Intact oral mucosa NORMAL tongue appearance throat NOT injected NECK: Supple No jugular vein engorgement Trachea NOT deviated No lymphadenopathy Carotid Pulse: Amplitude: NORMAL Rhythm: regular</p>					
(續下頁)					



Rate: equal TO heart rate
 Bruits: no
 CHEST:
 Breath pattern: smooth, Bilateral symmetric expansion
 No USE OF accessory muscles
 Breathing sound: bilateral clear AND symmetric breathing sound
 Wheezing: No wheezing
 Crackles: No basal crackles
 Palpation: NORMAL
 Percussion: bilateral symmetric normoresonance
 ABDOMEN:
 Soft AND flat, No superficial vein engorgement
 No umbilicus herniation
 Liver AND spleen NOT palpable
 No shifting dullness
 No tenderness; No rebounding pain
 No muscle guarding
 no Murphy's SIGN
 Bowel sound: normoactive
 No visible spider angioma
 BACK:
 No knocking pain over bilateral flank area
 EXTREMITIES:
 No joint deformity
 Freely movable
 No pitting edema
 Peripheral pulse: symmetric
 SKIN:
 painful swelling erythema over right dorsal foot for 2 months
 One scaly red plaque on the right forehead for 1.5 months
 Scar over right knee

略

12. 併發症(Complications):
Nil

13. 出院時情況(Status on Discharge):
門診治療

14. 出院指示(Instructions on Discharge):

藥名	天數	劑量	用法
Indapamide S.R 1.5mg/tab	11天	1PC	QD
Acetaminophen 500mg/tab (PRN, Q6H, IF PAIN)	11天	1PC	Q6H
Captopril 25mg/tab	11天	1PC	BID
Esomeprazole mups 40mg/tab ((自費使用) 自費使用)	11天	1PC	QD
Levamisole HCl 50mg/tab	2天	1PC	TID
Bacitracin Neomycin oint 30gm/tube (頭部, 腳部傷口 每日兩次 每次適量)	7天	1PC	BID

記錄: (MR-05-02) 主治醫師: (MR-05-02)



醫院皮膚科住院醫師

醫師

附件2: 手術記錄單

手術記錄單(Operation Record)

L201100022078002

OR#	手術法代號		術前分類		手術編號		L20110002207		0
姓名	1935/11/18		病患進入房間	2011/03/24	15:30	手術開始劃刀	2011/03/24	15:33	
病歷號碼	28530304		性別	女	醫囑麻醉開始	2011/03/24	15:31	手術結束時間	2011/03/24 15:53
來源	0	床號	健保	手術準備開始	2011/03/24	15:32			
送單時間	手術傷口分類		術前	1	術後	1	麻醉病情分類	1	流動護士
急件說明							刷手護士		
術前診斷	1739 MALIGNANT NEOPLASM OF SKIN, SITE UNSPECIFIED								
臨床發現	2* 2.3 cm brownish keratotic plaque on back for 4 yrs IMP:BCC								
術後診斷	1739 MALIGNANT NEOPLASM OF SKIN, SITE UNSPECIFIED								
第一手術野 手術部位:其他 其他									
*	A單一手術	B同刀口多項手術	C不同刀口同類或兩側手術	D不同刀口不同類手術	併發症手術				
62024B							E100% 前次在他院	F50% 前次在本院	
第二手術野									
	A單一手術	B同刀口多項手術	C不同刀口同類或兩側手術	D不同刀口不同類手術	IC POINTS:				
EXCISION OF SKIN CANCER & SSG.OVER 5CM IN DIAMETE									
主治醫師	1	楊志勳	代號	0005	住院醫師	A	張嘉宏	代號	7820
主治醫師	2		代號		住院醫師	B		代號	
失血量	minimal		麻醉法	L		麻醉師			
Pre. Biopsy No. or Others	S2011-01		病患狀況	stable					
檢體	skin, back, total excision								
檢體說明	Frozen P71-001	Level I P71-003	Level II P71-004	Level III P71-005	Level IV P71-002	Level V P71-007	Level VI P71-010		
Operative Findings & Procedure: After local anesthesia the patient was put in prone position. Surgical field was disinfected with B-iodine solution. The blackish plaque was excised with 2-3mm safe margin. Bleeders were checked. Wound was closed with 3-0 vicryl and 4-0 ethilon. Patient's condition and vital signs were stable.									
列印日期:	2011/3/24		醫師簽名		楊志勳		2015		

一式四聯: 1 手術室 ↓ 存病歷

附OP材料表

附OP藥品表

附OP麻醉藥品材料表

MR24



附件3: 出院病歷摘要



病歷 No: 0582000 男 女
 姓名: 梁麗儀
 床號: 僅供參考

Chief complaint:

Widespread itching reddish swelling skin eruptions were noted over face, trunk, and four limbs for 4 days

Present history:

This 39-year-old woman was relative well without any history of systemic disease such as diabetes mellitus or hypertension. Severe itching reddish swelling skin eruptions were noted over limbs last Saturday. There was no fever, chilliness, cough, diarrhea nor abdominal pain noted. She had a trip in Kang-ting national park last Friday and Saturday. During the trip, she had history of eating baked fish but denied any other seafood exposure history. Besides, she denied any drug history during the past one months. Due to multiple itching reddish skin eruptions over limbs, she visited emergent department in 仁愛 hospital for help twice last Saturday. After intravenous and oral medications, skin eruptions did not subside and new itching eruptions were still noted. Then, widespread small and large annular and arciform reddish swelling eruptions were noted over limbs, trunks and even face. Individual lesions persisted for over 24 hours. There were especially swelling over eyelids and lip. No blurred vision, dysphagia, shortness of breathing nor abdominal pain was noted. Due to persist and progression widespread itching eruptions, she visited our emergent department and was referred to our dermatologic out patient clinic for help this Monday. Under the impression of acute urticaria, hematologic study and Oradexon (1 vial IM), Prednisolone (10mg TID), oral antihistamines, and topical steroids were prescribed. However, new skin eruptions were also noted under medications and she visited our emergent department again this morning. Under the impression of acute urticaria and angioedema, the patient was admitted for further evaluation and treatment.

Past history: Denied major systemic disease such as diabetes mellitus or hypertension except HCV carrier

Family history: Non-contributory

Laboratory examination:

WBC(96/5/1): 11960, GOT/GPT(96/5/1):39/42→(5/4):70/115, Anti-HCV(+)

Diagnosis:

1. Acute urticaria and angioedema 2. r/o drug induced hepatitis

Admission course:

After admission, we prescribed systemic steroid with solucortef 200mg intravenous drip per six hours for disease control and systemic antihistamine and topical sinbaby lotion for symptoms relief. Under intensive medical treatment, her conditions were gradually improved and we tapered systemic steroid dosage to 200mg intravenous drip per eight hours on 96/5/3 and shifted it to oral form prednisolone 15mg third times in a day on 96/5/4. During hospitalization, we performed chest X-ray, EKG, hemogram, biochemistry, urine, and stool exam. Mild leukocytosis with borderline liver function test was noted. Then, we followed up hemogram and liver function test on 96/5/4. No more leukocytosis but elevated AST and ALT(39/42--> 70/110) was noted. GI man was consulted immediately and liver echo was performed and showed parenchymal liver disease. Furthermore, r-GT, bil(T/D), Alk-P, HBsAg, HBeAg and anti-HCV were checked. Regular GI out patient clinic follow up was suggested. Due to clinical improvement and stable condition, she was discharged on 96/5/5 with oral medications and preserved out patient clinic follow up.



附件4：免疫螢光報告

姓名： 病歷號碼：3 性別：男 出生日期：1959/11/01
病患來源： 病床號： 採檢日期：2011/03/15
臨床醫師： 科別：皮膚科系 送檢日期：2011/03/16
檢查項目：P71-002 病理醫師： 報告日期：2011/03/17
病理編號：K2011-000013 -

SNOMED:
02830-A-D36180

DX:
SKIN, LEG, BIOPSY----SUBEPIDERMAL BULLOUS DERMATOSIS (CONSISTENT WITH BULLOUS PEMPHIGOID)

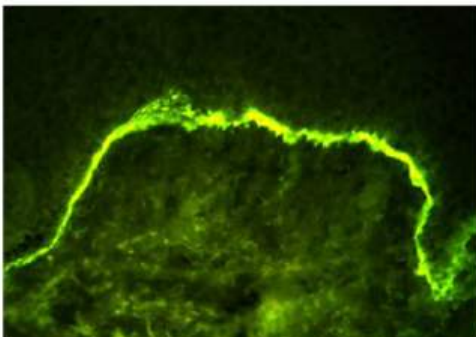
GROSS D:
RECEIVED IN FORMALIN IS AN ELLIPSE OF SKIN MEASURING 1.0 X 0.7 X 0.6 CM. THE SPECIMEN IS BIHALVED AND SUBMITTED IN TOTO. CSC

MICRO D:
SECTIONS SHOW A SUBEPIDERMAL BULLA WITH EOSINOPHILS AND LYMPHOCYTES IN THE BULLA AND IN DERMIS. DIRECT IMMUNOFLUORESCENCE IS POSITIVE FOR BULLOUS PEMPHIGOID.

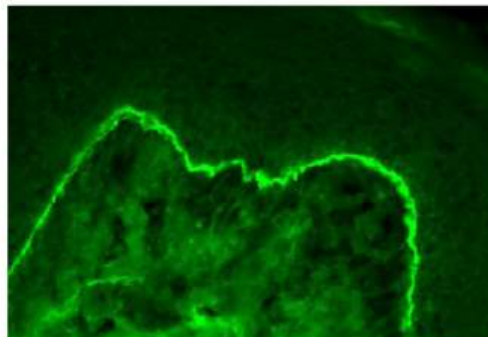
SKIN, LEG, DIRECT IMMUNOFLUORESCENCE STUDY
----LINEAR IGG AND C3 STAINING OF THE BASEMENT MEMBRANE (CONSISTENT WITH BULLOUS PEMPHIGOID OR EPIDERMOLYSIS BULLOSA ACQUISITA)

DIRECT IMMUNOFLUORESCENCE STUDY (IF2011-87):

I. DERMEOEPIDERMAL JUNCTION	II. DERMAL VESSELS
IGG: (+) LINEAR	IGG: (-)
IGM: (-)	IGM: (-)
IGA: (-)	IGA: (-)
C3: (+) LINEAR	C3: (-)
C1q: (-)	C1q: (-)
III. INTERCELLULAR SPACE	
IGG: (-)	
IGM: (-)	
IGA: (-)	
C3: (-)	
C1q: (-)	



Linear C3 deposits at dermoepidermal junction



Linear IgG deposits at dermoepidermal junction



醫院皮膚科住院醫師

醫師

附件5: 黴菌培養及判讀報告

院區: LNK, CNS

院區: 單篇 彙總 同日開單 病歷號 僅供參考 重新查詢 查詢日期區間 醫師代號 列印彙總報告 單篇複製 離開

設定機台 同日開單報告列印 (收件編號) 分發號代替 最近三個月 列印單張報告 住院報告 臨床備註

檢驗組別	筆數	收件編號	檢驗項目	顯示	名稱縮寫	收件日期	收件時間	科別	異常	檢驗狀態
生化組	5	M032801159	72-642(1)	TB Culture		2011/03/27	14:44			1--檢驗中
鏡檢組	4	M032801133	72-642(1)	TB Culture		2011/03/26	16:37			1--檢驗中
血液組	3	M032801047	72-642(1)	TB Culture		2011/03/25	15:38			1--檢驗中
血清病毒組	4	M032503014	72-643(1)	Fungus Cultu		2011/03/25	15:37			1--初步報告
微生物	8	M032500800	72-601(1)	Aerobic Cultu		2011/03/25	14:35			⊕ 1--最後報
腫瘤肝炎	2	M031803006	72-643(1)	Fungus Cultu		2011/03/18	11:11			⊕ 1--最後報
		M031700846	72-603(1)	Anaerobic Cil		2011/03/17	18:09			⊕ 1--最後報

姓名: [Redacted] 病歷號碼: [Redacted] 性別/出生日期: M/1935/09/19(75.5)
病患來源: 門診 病床號: - 採檢日期 時間: 2011/03/17 16:48
醫囑醫師: [Redacted] 科別: 皮膚科系 送檢日期 時間: 2011/03/18 11:11
檢驗組別: 微生物 檢體別: TS 報告日期 時間: 2011/03/25 11:29
檢體別說明: 組織 醫囑日期 時間: 2011/03/17 10:14
白血球篩檢: 檢驗結果說明: MOLD:GEOTRICHUM
收件編號: M031803006 項目英文說明: Tissue culture for fungus 醫檢師: ----- P/T:

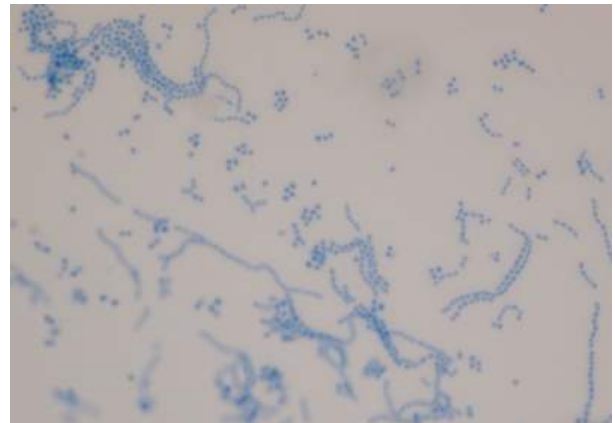
細菌名稱 生長狀態 抹片檢查

1 Mold Moderate -

藥敏試驗 1(濃度)

檢驗結果說明: MOLD:GEOTRICHUM

訊息列 開單號: 93116623, 補單日 / AaDO2 eGFR 權限 字體 (中)(正常) 抗氧化說明



Geotrichum



附件6: 會診紀錄

國立成功大學醫學院附設醫院
會診結果單

完成日期時間: 99/12/30 15:29
 註: 無會診完成日期時間及逾時會診者, 不予核發會診績效 4.9 0 點獎勵金
 主治醫師:

列印時間 100/02/18 12:05
 列印人員 蔡文輝 會診單號 201003055005

病歷號 100072143	住院號 51758706	病床號 10B41B	身分 健保	來源 住院
姓名 蔡文輝	生日 51758706	性別 女	部份負擔類別 重大傷病	科別 血液腫瘤科

臨床診斷 Abscess of lung

開單科別 血液腫瘤科	開單醫師 蔡文輝	聯絡電話	緊急程度 普通會診
被會科別 皮膚科部	被會醫師 蔡文輝	開立時間 99/12/30 09:11	

會診需求 Request for evaluation of changing presentaion of skin rash / possible diagnosis and adequate treatment

簡述 Dear Dr:
 This 48 y/o female with history of (1) AML, s/p 13A7 induction therapy , s/p salvage FLAG, s/p high dose Ara-C cycle 1, Day +8 (2) LL, LLL, RUL organized pneumonia s/p op, suspect fungal infection, on amphoterecin B day 45 use(3). Electrolyte imbalance (Hypo-K, Hypo-Mg)(4) Reflux esophagitis experienced skin rash (macular pattern, no itching) from periumbilical area extending to lower limbs 4 days ago (under HD-Ara C 2nd dose use). The rash dissappeared then. However, left femoral CVP was inserted yesterday for medical demand, newly skin rash with itching and coalescent to plaque happened over peri-OP site / gauze covering zone last night , and improved (decreased erythems and itching sensation) after diphenhydramine use. But newly-onset multiple circular non-blanchable macules eruption over LLQ was found this morning. We request for your expertise to evaluate her changing presentaion of skin rash / possible diagnosis and adequate treatment. Thanks a lot-

處理醫師 蔡文輝 處理日期 99/12/30 處理時間 15:29

會診診斷 1. Wheal plaques, cause ? contact urticaria, ? allergic reaction, left hip and left thigh

處理結果 Dear doctors,
 We were consulted for the skin rash on the left thigh of this 48-year-old lady with (1) AML, s/p 13A7 induction therapy , s/p salvage FLAG, s/p high dose Ara-C cycle 1, Day +8 (2) LL, LLL, RUL organized pneumonia s/p op, suspect fungal infection, on amphoterecin B day 45 use(3). Electrolyte imbalance (Hypo-K, Hypo-Mg)(4) Reflux esophagitis.

Cutaneous findings:
 1. A localized, erythematous itchy wheal-like plaque over the left hip and thigh after receiving CVP insertion

Impressions:
 1. Wheal plaques, cause ? contact urticaria, ? allergic reaction, left hip and left thigh
 2. acute myeloid leukemia

Suggestions:
 1. Give oral Clarityne 1# qd and Vistaril 1# hs.
 2. topical Rinderon cream bid use.

MR00-13 國立成功大學醫學院附設醫院



醫院皮膚科住院醫師

醫師

附件7:學會暨醫院教育訓練學術活動證書:

臺灣皮膚科醫學會
2010年皮膚鏡訓練課程
受訓證明

醫師

醫師證書字號：醫字第 號
參加本學會2010年10月10日舉辦之皮膚鏡訓練課程
完成所有課程並通過隨堂測驗，特此頒發證明

理事長

Taiwanese Dermatological Association

This is to certify that

M.D.

has participated and completed

2010 Dermoscope Training Course

on October 10, 2010 in Taipei

Chung-Hong Hu, M.D. FACP
President

皮膚外科研習營、皮膚鏡研習營、性病繼續教育全日課程、醫學倫理課程等