

ICQCC 2011-Yokohama

**The promotion emergency medical treatment acute anemic cerebral  
apoplexy patient accepts medical service of quality the thrombolysis  
treatment**

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Abstract

First, plan: The cerebrovascular disease occupies in the Taiwan ten big causes of death third, the acute anemic cerebral apoplexy's treatment prime time is three hours, medical service of quality by cross institution cross branch department team cooperation promotion cerebral apoplexy. Second, question structure and countermeasure measure discussion: Chain of according to the acute cerebral apoplexy survival” 7D decided that grasps the project and the countermeasure: First, prompt judgment cerebral apoplexy omen. Second, promotion acute cerebral apoplexy knowledge, manner, behavior. Third, ambulance notification. Fourth, the implementation disaster relief rescues the Control center to notify before the courtyard. Fifth, establishes the emergency room first to handle, reaches the team mutual recognition and the flow restoration. Sixth, start cerebral apoplexy group. Seventh, draws blood delivers examines. Eighth, strives the computer fault execution and the interpret time. Ninth, promotes in 3 hours to give the r-tPA treatment proportion. Senate, countermeasure action: Take the EMT personnel to the acute cerebral apoplexy cognition, the disaster relief rescues the Control center to notify, the emergency room before the courtyard first to handle, the start cerebral apoplexy group, in the computer fault execution and the interpret time, 3 hours gives the r-tPA treatment as the attacking a fortified position spot. Selects 16 item of most suitable plans to hive off the group to implement: Group one: Increases the department of neurology department attendants fixed handset number; The establishment cerebral apoplexy group calling way, notifies the mechanism the establishment nursing staffs cerebral apoplexy patient to the courtyard around, to break according to the divine protection center patient pattern reservation computer looks up the inspection room first to carry on the inspection, to interpret together by the radiodiagnosis department with department of neurology department doctor. Group two: Handles EMT with the Taipei city fire department cooperation the personnel acute cerebral apoplexy education and training - situation drilling, the establishment cerebral apoplexy appraisal tool - name card card, the establishment cerebral apoplexy teaching material - multimedia teaching, the cooperation to handle the disaster relief to rescue the Control center personnel acute cerebral apoplexy education and training, to handle the nursing staffs and doctor along with the personnel acute cerebral apoplexy education and training. Group three: Asks the disaster relief to rescue the Control center to receive the EMT personnel circular doubtful cerebral apoplexy patient namely to notify this courtyard, to provide the daily cerebral apoplexy group to start the number of times, the statistical disaster relief to rescue the Control center to notify the number of times and to build this courtyard and the Taipei City Fire Department disaster relief rescues the Control center to notify the back coupling cooperation mechanism. Fourth, achievement performance: After 99 years from the March 1st to 99 years on March 31 implements, notifies the number of times the doubtful acute cerebral apoplexy patient before the courtyard is 6 times. EMT, the nursing staffs, doctor the personnel have the promotion regarding the cerebral apoplexy cognition, and the behavior has changes and promotes the cerebral apoplexy circular number of times. The emergency medical treatment acute anemic cerebral apoplexy patient injects r-tPA the proportion by the present situation value 3.1% promotion is 10.5%, has reached the expectation standard 5%, includes the standardization.

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急性貧血性脳卒中患者の救急血栓溶解処置の質向上

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### 発表要旨

脳血管疾患は台湾では3番目に大きな死因になっている。急性貧血性脳卒中の治療のプライムタイムは3時間である。本稿の目的は異なる医科の部署横断的な脳卒中の治療の質を向上させることである。急性脳卒中の「救命の鎖」に従い、本稿は脳卒中に対処する有効な手順である7Dを考え出した。まず最初は、脳卒中の兆候を迅速に検出すること、2番目は、挙動、動作など急性脳卒中に関する知識を高めること、3番目は、救急車をすぐに呼ぶこと、4番目は、災害救助指令センター (119)を立ち上げること、5番目は、脳卒中の治療にあたる救急処置室を設置すること、6番目は、脳卒中の治療にあたる脳卒中班を設置すること、7番目は、CT の結果を検証すること、最後に、治癒率を高めるため3時間以内にr-tPA 療法を行うことである。

このような方針を3つのグループで実施する。グループ1： 神経科の医師にすぐに連絡を取れるように決まった電話番号を設定する。脳卒中班の呼び出し電話を設置する、脳卒中患者に前後に通知する仕組みを設定すること、結果は、神経科と放射線科の医師が検証する必要がある。

グループ2： 台北市消防部の救急救命士と協力して急性脳卒中に関する研修と訓練を行う。ドリル、キャリー脳卒中評価ツールの設置、一名前のカード、脳卒中に関する教材の策定、マルチメディア指導、協同救援指令センターの災害救助職員と協力して急性脳卒中に関する研修と訓練を行う、看護師と医師スタッフと協力して急性脳卒中に関する研修と訓練を行う。

グループ3： 脳卒中の疑いのある患者の救急救命士を受け入れたら直ちに災害救助指令センターに連絡する。脳卒中班は何回連絡を受けたかを数える。

結果： これらの3つのグループを実施した後、1999年3月1日から3月31日まで6件の報告があった。r-tPA 注入の状況が、3.1%から、基準の5%より大幅に高い10.5%まで向上した。さらにこれらの手順を標準化した。