
海外招請講演

[IL(E)4]海外招請講演4

座長:森松 博史(岡山大学病院麻酔科蘇生科)

Fri. Mar 1, 2019 9:00 AM - 10:00 AM 第5会場 (国立京都国際会館1F Room D)

[IL(E)4-1]Update from TSCCM: Current status of rapid response system in Thailand

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【同時通訳付き】

Education:

Doctor of Medicine (M.D.), Chulalongkorn University, 1993

Thai Board of Anesthesiology, Chulalongkorn University, 1999

Thai Board of Critical Care Medicine, Thai Society of Critical Care Medicine, 2006

Master of Science Program in Health Development, Chulalongkorn University, 2016

Current status:

Instructor at Department of Anesthesiology,

King Chulalongkorn Memorial Hospital

Committee of Thai Society of Critical Care Medicine (2011-2020)

Publication:

Thawitsri T, Chittawatanarat K, Chaiwat O, Charuluxananan S, THAI-SICU Study Group. Self-Reporting of Medication Errors in Critically Ill Surgical Patients in the THAI-SICU Study. J Med Assoc Thai. 2016 Nov;99 Suppl 6:S69-S73.

Thawitsri T, Thongdee S, Chokengarmwong N, Kongwibulwut M, Kumwilaisak K, Poonyathawon S, Chatkaew P, Charuluxananan S. Lactate Non-Clearance versus lactate Clearance: A Comparison of Hospital Mortality in High-Risk Surgical Patients. J Med Assoc Thai. 2016 Nov;99 Suppl 6:S201-S208.

Thawitsri T, Chittawatanarat K, Kumwilaisak K, Charuluxananan S, THAI-SICU Study Group. Treatment with Vasoactive Drugs and Outcomes in Surgical Critically Ill Patients: The Results from the THAI-SICU Study. J Med Assoc Thai. 2016 Sep;99 Suppl 6:S83-S90.

Thawitsri T, Chittawatanarat K, Kumwilaisak K, Kongsayreepong S, THAI-SICU Study Group. The Impacts of Surgical Intensive Care Unit Admission Source on Morbidity and Mortality Outcomes: The Results from the THAI-SICU Study. J Med Assoc Thai. 2016 Sep;99 Suppl 6:S15-S22.

The healthcare providers have tried to improve the work on patient safety for many years. In Thailand, we have been announced the first national patient safety goals in 2006. One of the most important goals for patient safety is the responses to the deteriorating patients in hospital. Adverse events can be categorized to be the rapid deteriorating group and the gradually deteriorating group. The rapidly deteriorating patients might be the difficult group to prevent cardiac arrest or sudden death. Although, the gradually deteriorating group has revealed the information that approximately two-third of patients shows the abnormal signs and symptoms within 6-8 hours before the critical events. Abnormal clinical observations associated with an increasing risk of mortality are the decreasing level of consciousness, tachypnea, hypoxia and hypotension. If we analyze all of the vital signs together with some specific clinical parameters, each of the physiological parameters should be allocated a score demonstrated the magnitude of physiological disturbance. After that, we will get the sum of each physiological score, and then turn to be a single number to interpret how risk of the patient conditions. Modified early warning score (MEWS) has been introduced despite limited high quality studies to demonstrate their sensitivity, specificity and usefulness. There are many MEWS used

around the world, and Search Out Severity (SOS) score is a MEWS widely used in Thailand. The SOS score 4 is demonstrated to be a cut-off point of trigger threshold to initiate action for worsening adverse events. Anyway, MEWS functions as a monitoring tool for screening the risk patients. Then, when we apply MEWS in the hospital setting, we should couple MEWS with an effective outreach service. Eventually, each score should be used as an adjunct to the good clinical judgement.