



Symposium 7

急診創傷復甦新思維：從止痛到救命處置

Modern Trauma Resuscitation in the ED: From Analgesia to Life-Saving Interventions

時間：2026年6月26日(五) 13:30~15:00

會議室：402AB 會議廳

座長：孫仁堂醫師(亞東醫院)、劉祐彰醫師(奇美醫院)

13:30~13:45 Pain First, Harm Less: Evidence-based Analgesia in Trauma

主講人：Sergey M. Motov (Maimonides Medical Center)

13:45~14:00 不只是止血：創傷休克的凝血導向治療與血流動力復甦策略

Beyond Bleeding Control: Coagulation-Guided and Hemodynamic Resuscitation in Trauma

主講人：黃彥達醫師(成大醫院)

14:00~14:15 從決策到開胸：亞東紀念醫院急診開胸術的團隊作業流程

From Decision to Incision: A Team-Based Workflow for ED Thoracotomy at FEMH

主講人：王惠琳醫師(亞東醫院外科部創傷科)

14:15~14:30 打上戰術止血帶之肢體受傷傷患的急診處置

Management for a limb-injured patient with a CAT arrived in ER

主講人：簡立建醫師(成大醫院)

14:30~15:00 綜合討論

課程簡介

● Pain First, Harm Less: Evidence-based Analgesia in Trauma

The acute traumatic pain in the Emergency Department and pre-hospital setting is frequently underappreciated, underassessed, and undertreated, despite decades of evidence demonstrating that unrelieved acute traumatic pain increases morbidity, prolongs hospitalization, and drives the transition to chronic pain syndromes. This suboptimal pain management is further amplified in vulnerable populations such as geriatric patients, pediatric patients, pregnant patients, and patients with substance use disorders.

This presentation offers a concise, evidence-based, and clinically actionable framework for optimizing pain management in the injured patient across the age and acuity spectrum. Drawing on recent landmark trials and contemporary pharmacological



advances, the talk focuses on broader utilization of multimodal analgesic approaches, safe analgesic practices, patient-centered outcomes, and enhanced residency training in pain management.

Attendees will leave with three immediately implementable take-home messages: (1) treat acute traumatic pain early, treat aggressively, and reassess frequently; (2) an individualized, equitable, balanced multimodal approach is the key to effective and efficient traumatic pain management in the ED; and (3) patient-centered outcomes are the main principles to successful pain management in the ED.

- **不只是止血：創傷休克的凝血導向治療與血流動力復甦策略**

本演講以「凝血導向治療」與「血流動力導引復甦」為雙主軸，系統性介紹當代損傷控制復甦之進階多軌策略。凝血監測方面，黏彈性血液分析(TEG/ROTEM)可提供全程凝血動態，指引個體化因子補充，包括纖維蛋白原濃縮劑、凝血酶原複合物，及難治性出血時之救援性重組第七凝血因子。血流動力監測方面，非侵入性心輸出量監測系統可即時提供每搏輸出量與心輸出量等指標，於創傷早期即進行動態 fluid responsiveness 評估，精準引導液體治療與血管加壓劑之選擇與劑量調整，避免過量輸液導致凝血稀釋與器官損傷。血流動力復甦以 permissive hypotension 為原則，vasopressor 以 norepinephrine 為基礎，必要時合併 vasopressin。對於難治性循環或呼吸衰竭，ECMO 可於外科止血後作為橋接支持。另強調重症相關皮質醇功能不足(CIRCI)之辨識與類固醇介入，以提升血流動力穩定性。透過整合凝血與血流動力策略，建立更完整之創傷休克復甦模式。

- **打上戰術止血帶之肢體受傷傷患的急診處置**

自從 2010 年以後，TCCC 風行全世界並提倡在第一時間打上戰術止血帶 CAT，但是很少討論在送到急診室之後如何處理這些患者。25 戰爭造成超過 10 萬名傷患截肢是一個慘痛的經驗。盡量減少不必要的截肢，保全更多的肢體是未來急診醫師的努力目標。直接加壓止血帶的轉位使用是一個可行的方向。