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華盛頓 外科學手冊

The Washington Manual
of Surgery

Third edition

主編

Gerard M. Doherty, M.D.

Jennifer K. Lowney, M.D.

John E. Mason, M.D.

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Michael A. Smith, M.D.

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前言

(Foreword)

這是華盛頓外科學手冊第三版，本書之貢獻在於華盛頓大學在醫學教育上，對住院醫師及醫學院學生始終保持的承諾。

從 Dr. Evarts A. Graham 開始，不僅協助成立了美國外科委員會，同時在其他領域亦助益良多。例如推廣新的外科手術技能；與放射研究員合作發展口服膽囊攝影術；利用傳染病學之研究方式，首先確認吸煙與肺癌的相關性。Dr. Carl Moyer (1951–1965) 一公認偉大的醫學教育從事者——繼承了 Dr. Graham (1919–1951) 的傳奇。而 Dr. Watler Ballinger (1961–1978) 將 Hopkins 住院醫師教育成為有價值的科學家並傳承觀念發揚光大。Dr. Samuel 的成就在於集合世界頂尖的教職人員，使從事外科的專業人數有顯著之成長。Dr. Wells (1978–1997) 重視基本的研究教育，並提昇外科在學術上先驅之角色。

爲了維繫這些豐富的傳統，外科部的住院醫師合作完成了這本外科手冊。內容針對醫學系學生、實習醫師、住院醫師以及執業醫師，以簡單而符合邏輯的方式，提供完整的醫學最新資訊，以解決所有外科之疑難雜症。本書對病理生理學或醫學史並未著墨，而是在每一個探討的主題上，給予最實際與先進的診斷與處置技巧。這些精挑細選的資料，有助於提昇讀者之醫學教育。而這本手冊整體上採一致化的架構，使讀者非常容易吸收新進的知識。

Dr. Gerard Doherty 仍然是本書主要編輯，院內外科部四位總醫師爲協同編輯，負責協助主編。手冊的第一部份爲外科病人一般照護之基本認知，包含營養、生命支撐、正確與適當的醫療照護以及重症照護的處置；第二部份在探討下腹部疾病評估及腸胃道疾病之手術；第三部份討論心臟疾病、內分泌手術、創傷以及移植手術。最後的部份討論外科次專科與其相關的一般手術以及比較不常見的手術。另外增加附錄，載錄了一般實驗常用的數值及處方。

原作者序

(Preface)

第三版華盛頓外科學手冊是以「華盛頓內科學手冊」輔助使用設計。

本書是由數位外科部之教職員共同完成，呈現出處理外科病患之問題時的簡潔而理性之探討方式。很多外科或非外科主治醫師、醫學系學生、醫師助理及其他提供外科病患醫療協助之專業人員，因為本書對他們幫助甚多，因而都對其非常感興趣。事實上，本手冊主要閱讀群是針對醫院第二年或第三年之外科實習及住院醫師，根據作者從各種角度探討外科疾病臨床表徵，然後以簡單之條列方式，展現合理、簡明而有效率之重點整理，並將範圍完全界定在如何診斷與治療。本書完全沒有病理學、外科醫學史或複雜的參考資料。1997年第一版問世後，1999年接著出版第二版，而目前的第三版比前兩版有更多之補充資料和豐富之題材。

這本書可說是住院醫師基本之養成手冊，它的每一章節都經由住院醫師和有經驗之資深醫師共同完成。主要分成四個小單元，每一小單元都由住院總醫師匯編完成，呈現出前後章節一氣呵成的高水準，並完整的反映了每一位作者為此書認真努力的深遠成就。

Lisa Williams 無限之貢獻，個人非常地感激。因為有她的協助，使每一位參與此書編輯之工作同仁得以發揮最大之潛能。其他如 Lisa McAllister 及 Lisa Consoli 等都是本書由計劃到完成之主要功臣。由於她們傑出的貢獻，使出版過程的每一個細節都是精心設計的成果。

最後要感激的是外科部主任 Timothy J. Eberlerin 醫師，他監督了整個出書過程，也讓大家看到了領導人克服困難之典範。

G.M.D.

譯者序

首見「華盛頓外科學手冊」是某次在手術房內看到一位實習醫師在翻閱，聽他說原文書讀起來較吃力，而且合記圖書出版社已將「華盛頓內科學手冊」翻譯成中文版，讀起來方便許多，一時興起就與「合記」敲定此書的翻譯工作。

從此，將近一年來壓力頗大，每日強迫自己擠壓一些時段出來將本書43章逐章筆譯及口譯，可說是「沒暝沒日」；終於熬到最後一天，完成了個人小小的心願，希望本書能滿足後進醫師及學生們之期望，並提供臨床的實用性。

此項工作之完成，除了個人付出之心力外，最重要仍要感謝家人背後默默給予之忍耐與支持，並且非常感謝張振芳小姐鼎力相助，她不辭辛勞仔細逐字聽寫謄稿與繕寫；以及劉家瑞秘書與林育楓小姐之從旁協助始能付梓。最後冀望讀者能開卷有益，進一步造福國內外科的病人。

于大雄

謹識於三軍總醫院

中華民國九十四年五月二十三日

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病患之一般照護 (General Care of the Patient)

Nahush A. Mokadam and Jeffrey F. Moley

前言 (Introduction)

病患之照護不僅有賴於醫護人員之豐富醫學知識，也端賴適當及準確之照護記錄。適當之照護記錄可使相關人員彼此溝通良好並達到加成效果。所有記錄都應包括病人之照護。

病患照護 (Patient Care)

I. 醫囑 (Hospital order)

A. 入院醫囑應包括對病人相關之行政、護理、藥物及其他輔助性照護。ABC DAAVVIDD 為一針對住院例行、術後及轉床簡單之處理口訣。

1. 住院 (admit) — 包括護理部、外科、主治醫師與入院時狀況（分為住院或 23 小時觀察）。
2. 原因（診斷）(because, diagnosis) — 主要診斷與照顧方式。任何已實施手術也應包含在內。
3. 狀況 (condition) — 病人情況良好、穩定、嚴重或病危需註明。
4. 飲食 (diet) — 包含飲食類型（常規、糖尿病、腎臟病患等）、成分（半流、全流、全純等）及營養師之建議，並應包含說明為外食或內部飲食。
5. 過敏 (allergies) — 列上已知之特別反應。
6. 活動 (activity) — 包括需要之輔助和重量承載器械。
7. 生命徵象與其他護理醫囑 (vitals) — 包括處置頻率及特別指示。例如指尖氧氣濃度測定、神經及血管檢查。同時也包括傷口換藥、引流管照料、尿量監測和防栓塞彈性襪著穿。最後也包含需立刻告知醫師之特殊狀況，如尿量減少或血壓下降。
8. 呼吸機之設定 (ventilator) (使用時) — 包含使用之模式、潮氣量、速率、壓力輔助、正排氣末壓 (PEEP) 及氧氣濃度。
9. 靜脈注射液 (intravenous fluids) — 包括輸注液類型、速率與時間間隔。
10. 藥物 (drugs, medicines) — 必要時，需包含家庭用藥與病人本身適用之麻醉類型。