

# 婦產科收治標準

制訂部門：婦產部

制訂日期：102 年 03 月 11 初定

修訂日期：107 年 12 月 06 日第六次修訂

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## 台北婦產科系病房住出院收治標準

2013年3月08日修訂  
2018年12月06日增訂

收治標準(Admission criteria):

符合婦產部相關主訴或疾病之急、慢性病患且

1. 本部之設備及技術足以積極治療服務。
2. 教學需求之特定病例。
3. 臨床研究收案所需之病患，予以優先收治住院治療。

To be considered for patient admission to OBS-GYN ward, an individual must have acute or chronic associated clinical complaints or diseases, and must meet one of the followings:

1. The equipment and source of our facility is able to offer comprehensive care and services to the patient.
2. The special case as demands for clinical teaching.
3. The patients under clinical trial should be a priority of inpatient management.

二、病房之劃分(Classification of wards):

1. 普通病房-由門診或急診簽入。
2. 特殊治療床-生產/安胎/感染性疾病/需化學藥物病患短期住院觀察與治療。
3. 病房區設置於台北長庚醫院8樓前棟產房及11樓前後棟病房11A, 11B。

Our ordinary wards are located at 11<sup>th</sup> floor and special beds are located at the 8<sup>th</sup> floor of Taipei Chang Gung Memorial Hospital.

1. Ordinary wards: providing service for the patients admitted from the outpatient department or emergency department.
2. Special beds: offering care for the individual who meet one of the followings:

Women in labor

Pregnancy needs tocolysis

Infectious diseases requiring isolation

Immunocompromised gynecological oncology patients

### 三、收治疾病分類(Types of inpatient OB-GYN diseases):

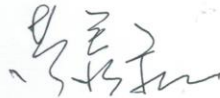
1. 婦科腫瘤需接受手術且術後需留院觀察大於8小時者。
  2. 婦科癌症需進一步檢查或接受手術治療者。
  3. 骨盆腔感染合併發燒或疑似敗血症，需靜脈治療密切觀察生命癡兆者。
  4. 婦女尿失禁或生殖泌尿道脫垂需接受手術，且術後需留院觀察大於8小時者。
  5. 婦科癌症需化學藥物治療且需短期住院觀察者。
  6. 生產及懷孕相關疾病或須安胎病患。
  7. 懷孕中之內外科合併症需短期住院觀察者。
  8. 前次治療或接受手術後有合併症或病情變化者。
  9. 其他經主治醫師確診後需收治婦產部住院治療之特殊案例。
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1. The patients with gynecological tumors are indicated for surgical treatment and remain in hospital under observation more than 8hours.
  2. Gynecologic oncology patients require further evaluation or surgical intervention.
  3. Individuals have pelvic inflammatory disease with severe clinical symptoms, suspicious sepsis or pelvic abscess, requiring parenteral antibiotics or possible surgical intervention.
  4. The patients with urinary incontinence or pelvic organ prolapse are indicated for surgical treatment and remain in hospital under observation more than 8hours.
  5. Gynecologic oncology patients under chemotherapy need closely surveillance during the treatment.
  6. Childbirth or women have pregnancy need tocolysis
  7. Women with pregnancy related diseases and conditions need to remain in hospital under observation more than 8hours.
  8. The patients present change of clinical condition or complications associated previous treatment or surgical intervention.
  9. Other special cases evaluated by our attending staff need further management.

### 四、婦產部出院標準(Discharge criteria):

1. 住院之主訴已獲處置，病況趨於穩定，經主治醫師同意後始得出院。
2. 出院時生理參數符合：體溫正常36-38度、脈搏正常60-100次/分、呼吸速率正常10-20次/分、血壓正常90/60-160/100毫米汞柱。
3. 已安排轉診其他醫院治療或慢性長期照護機構持續照護。
4. 孕婦或產後情況穩定。
5. 病危自動出院。

1. Improvement of initial chief complaints with stable clinical condition and a discharge recommended by the physician.
2. The vital signs are within normal range at discharge:  
Body temperature:36-38 C; Pulse rate 60-100 bpm; Respiratory rate 10-20/min; Blood pressure: 90/60 ~160/100 mmHg.
3. Transfer to another hospital or long-term care facilities.
4. Pregnant women after childbirth in stable condition.
5. Critical against advice discharge.

台北婦產科系主任 洪泰和



病房主任 陳光昭

