

# 胸腔及心臟血管外科系(5F)病房 收治標準

制定部門：胸腔及心臟血管外科系  
原訂日期：103年02月5日制訂  
修訂日期：113年1月26日第2次修訂

本著作非經著作權人同意，不得轉載、翻印或轉售。

## 一、收治標準: (Criteria for admission)

病患因**胸腔**相關主訴或疾病需診治，且(Patients suffered from thoracic disease and)

- 1.本科之設備及技術足以積極治療服務，或(capable being treated by thoracic department or)
- 2.教學需求之特定病例，或(with educational significance or)
- 3.臨床研究收案所需之病患，予以優先收治住院病患(enrolled for clinical trial)

## 二、病房之劃分:(Distribution of the ward and patient source)

病房區設置於**北棟 5F**。(Location of the ward: 5F)

病患來源(Patient source)

- 1.普通病房: 由**門診簽入**，或由**內科、復健科、中醫病房等轉入病患**。(Outpatient clinic, Emergency Department, Medical Department, Rehabilitation Department and Chinese Medicine Department)

## 三、收治疾病分類: (Type of disorders)

### A 胸腔疾病: (Thoracic disease)

1. 肺腫瘤 (Lung nodule)
2. 縱膈腔腫瘤 (Mediastinal tumor)
3. 食道腫瘤 (Esophageal tumor)
4. 氣胸 (Pneumothorax)
5. 膿胸 (Empyema)

### B 氣切傷口照護 (Tracheostomy care)

1. 氣切管脫離及發聲訓練 (Try corking)
2. 氣切傷口縫合 (Stomoplasty)
3. 更換氣切管路 (Change tracheostomy)

### C. 胸壁手術 (Chest wall surgery)

1. 胸壁腫瘤切除 (Chest wall tumor resection)
2. 肋骨矯正及固定 (Open reduction and internal fixation)

### D. 慢性吻合口癒合不良、營養不良、電解質不平衡: (Chronic anastomotic dehiscence、malnutrition、electrolyte imbalance)

#### 四、出院標準: (Discharge criteria)

1. 住院之主訴或病症以或處置穩定或消失，且病患生命跡象穩定，不需靜脈輸液抗生素或短暫引流管者(When a patient's physiologic status has stabilized and the need for admission is no longer necessary.)

2. 已安排轉診其他醫院治療或慢性醫療機構持續照顧者(When a patient has already scheduled for transferring to other medical institute.)

3. 病危自動出院或家屬要求自動出院者(When a patient's

physiologic status has deteriorated and active interventions are no longer planned.)