

Mild Cognitive Impairment, as well as Its Corresponding Features of the Butterfly Effect and Multistate Markov Model, after a Car Accident: Use of Generative Artificial Intelligence

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ABSTRACT

A patient rode his motorcycle and collided with a car at 21:00 pm on February 24, 2024 (Taiwan Standard Time, TST). He was immediately sent to Far East Memorial Hospital at 21:30 pm on February 24 (TST) for the first emergency treatment. The patient was subsequently sent to the same hospital for a second emergency treatment at pm 17:07 on February 26, 2024 (TST). After three days, he just understood the entire process of the incident. Damage to the retrosplenial cortex (RSC) might cause difficulty in recognizing directions in familiar environments. These symptoms are called mild cognitive impairment (MCI). This was a perspective. Another perspective may be that generalized anxiety disorder (GAD) led to MCI after this car accident, which was recognized as psychosis. His MCI presented with persecutory delusion. Persecutory delusion is a core symptom of psychosis, especially in the early stages of psychosis. His MCI features the butterfly effect (BE) and the multistate Markov model (MSMM) via Generative Artificial Intelligence (GAI). That is, this car accident was a small change and caused his psychosis to have BE in psychiatry, and his behavioral pattern fits the MSMM using the GAI.

KEYWORDS: Retrosplenial Cortex (RSC); Mild Cognitive Impairment (MCI); Generalized Anxiety Disorder (GAD); Butterfly Effect (BE) and Multistate Markov Model (MSMM); Generative Artificial Intelligence (GAI).

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1. INSTRUCTION

In the organization of the head, the retrosplenial cortex (RSC) is a region within the posterior neocortical system that is heavily interconnected with an array of brain networks, both cortical and subcortical. That is, it is engaged in a myriad of cognitive tasks and functions. When the RSC is damaged, episodic amnesia occurs, causing memory impairment during daily life events. The RSC was also associated with the sense of direction and the ability to recognize spatial paths. Most patients with injuries to the RSC had common symptoms such as the inability to learn new routes, difficulty recognizing directions in familiar environments and the ability to recognize landmarks but be unable to use them to assist orientation. The RSC plays an important role in mild cognitive impairment (MCI). However, the full function of the RSC is still poorly understood, although the RSC has been researched by some scientists (Mitchell et al., 2018; Fournier et al., 2019; Milczarek and Vann, 2020; Motanis et al., 2021; Trask and Fournier, 2022; Alexander et al., 2023).

MCI is a state of memory loss and the loss of other cognitive abilities (such as language and visual and spatial perceptions) in people, who maintain the ability to independently perform most activities of daily living. MCI can cause cognitive changes and can be serious enough to be noticed by people affected and by family members and friends but does not affect the ability to carry out everyday activities. MCI can develop for multiple reasons, and people living with MCI might continue to develop dementia. For neurodegenerative diseases, MCI could be an early stage of the disease continuum, including Alzheimer's disease, if the hallmark changes in the brain are present. Alzheimer's disease is the most common type of dementia (Silva, 2019; Madnani, 2023; Cummings et al., 2024). In some people, the MCI reverted to normal cognition or remained stable. In other cases, such as when a medication caused cognitive impairment, MCI was mistakenly diagnosed. Importantly, people experiencing cognitive changes need to seek help as soon as possible for diagnosis and possible treatments (Hugo and Ganguli, 2014; Jongsiriyanyong and Limpawattana, 2018; Biazus-Sehn et al., 2020; Gómez-Cáceres et al., 2023; Su et al., 2024).

People with generalized anxiety disorder (GAD) felt extremely worried and nervous more frequently about these and other things, even when there was little or no reason to worry about them. Living with GAD could be a long-term challenge. In many cases, it occurs along with other anxiety or mood disorders. Mostly, the GAD score improved with psychotherapy. Making lifestyle change, learning coping skills and using relaxation techniques could also help (Roy et al., 2021; Fagan and Baldwin, 2023; Mishra and Varma, 2023).

A psychosis refers to a collection of symptoms that could affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted, and they might have difficulty recognizing what was real and what was not (Arciniegas, 2015; Gaebel and Zielasek, 2015; Johannessen and Joa, 2021). Delusional disorder is a type of mental health condition in which people cannot tell what is real from what is imagined. There are many types, including persecutory, jealous and grandiose types. It is treatable with psychotherapy and medication (González-Rodríguez and Seeman, 2020; Arulananandam et al., 2023; González-Rodríguez and Seeman, 2023). For a type of persecutory delusion (i.e., persecutory delusion),

people with persecutory delusion believe that someone or something is mistreating, spying on or attempting to harm him (Wang and Tzeng, 2008; Rossi and Georgiades, 2022).

The butterfly effect (BE) is a concept from chaos theory (Gardini et al., 2020; Kolganov and Trunin, 2022; Fernández-Díaz, 2024) in which a small change in one system could lead to large effects and significant changes. In the context of mental health, this means that a small change, which is independent of mental health, could produce significant changes in mental health (Klasen and Lingrad, 2021; Lecours et al., 2022). A multistate Markov model (MSMM) is a stochastic model for a process, such as describing events that occurred to people from a probability and a random perspective at any given time in a time period. Therefore, all events were independent; that is, there was no correlation among events. Events were transitions among states over time. Additionally, more states corresponded to more events. At any given time, the next state was dependent only on the current state and was independent of anything in the past. In other words, there was no motivation to cause current events in the past. The MSMM can also describe the life history of a person who occupies one of several possible states at any given time. A more detailed theory of the MSMM was explained in the study of Hougaard (1999). Moreover, the MSMM is already an important and appealing method for researching the MCI of humans (Yu et al., 2013; Sanz-Blasco et al., 2022; Qin et al., 2023).

2. OBJECTIVES AND METHODS OF THIS STUDY

In this study, the three objectives were as follows: **(1)** The symptoms of a patient after a car accident were described. These symptoms indicate MCI. **(2)** The reasons for this MCI are proposed from two possible perspectives. Of course, both possible perspectives would be evaluated to determine whether they were reasonable from the medical records of two emergency treatments (i.e., after this car accident) and his past medical history (i.e., before this car accident), as well as the information of his father and deceased uncle. **(3)** Recently, Generative Artificial Intelligence (GAI), which is a type of artificial intelligence (AI) with human-like cognitive abilities (Emmert-Streib, 2024), has been preliminarily applied for cognitive science, such as cognitive-like capabilities (Ilić and Gignac, 2024). Consequently, the GAI was applied to analyze his MCI, and then his MCI confirmed whether the features of the BE and the MSMM were present because the GAI could understand the BE and the MSMM.

3. EMERGENCY TREATMENT PROCESS AFTER A CAR ACCIDENT

A patient rode his motorcycle and collided with a car at 21:00 pm on February 24, 2024 (Taiwan Standard Time, TST) (supplementary materials: police information from February 24). In this study, the time zone was the TST. To avoid repeated words, the supplementary materials were recorded in 2024, and the year 113 indicated 2024. He immediately was sent to Far East Memorial hospital (in New Taipei City, Taiwan) at pm 21:30 on February 24 for the first emergency treatment. Fortunately, the skull did not crack, and therefore, there was no brain injury or lesions (Figure 1). Only a four centimeter laceration was located on the middle of the scalp. At that time, the wound (i.e., the four-centimeter laceration on the middle scalp) was disinfected, given

anti-inflammatory injections, and then sutured four times. However, the next morning, he forgot how he got home when he was discharged from the hospital.

At pm 17:07 on February 26, he was again sent to Far East Memorial Hospital for the second emergency treatment because he made a scene at a nearby Laundromat, telling everyone present that the clothes belonged to him (supplementary materials: medical records on February 26). However, the next morning, he also forgot how he got home when he was discharged from the hospital, as in the same situation as the first emergency treatment.

4. RESULTS

When he regained consciousness, it was already after three days (i.e., about in the night on February 27). The two emergency treatment processes in the hospital were informed by the police, and it was the police who took him home. The police told him that he was talking nonsense in the hospital in the first emergency treatment, even when talking that the wound on the scalp was caused by felling down from the bed and hitting his head not by this car accident (note: it was later confirmed that this statement was nonsense). The landlord also told him that he himself made the room very messy. However, the patient still did not know the details of these three days. On the basis of the brain tomography in Figure.1 that he personally reviewed afterwards, he was able to obtain more detailed information about his behaviors over these three days. In other words, he had no idea what happened for these three days. His behavior looked like amnesia. Amnesia is a term that describes memory loss. Symptoms included memory loss, confusion and the inability to recognize familiar environments or places (Redolfi et al., 2024). However, during the time period, he still knew to look for his motorcycle and his dog. The reasons for his symptoms due to this car accident were subsequently discussed from two possible perspectives. Damage to the RSC might cause difficulty in recognizing directions in familiar environments and impair the memory of daily life events. On the basis of the previous description, these symptoms should be called MCI. It was a perspective.

In the past, he suffered from GAD because he, as a professor, faced considerable pressure from assessment and promotion issues, so he sought medical treatment in a psychosomatic clinic (called the Wellbeing Clinic) (supplementary materials: medical diagnostic report from the Wellbeing Clinic on June 17) and had been taking psychiatric drugs for a long time (approximately 2 years) (supplementary materials: two recent prescriptions from the Wellbeing Clinic). Therefore, he took psychiatric drugs as directed by his primary doctor at the Wellbeing Clinic to control his condition. GAD is also an important factor for cognitive function degeneration, which leads to cognitive impairment (Yang et al., 2015; Volel et al., 2018; Leonard and Abramovitch, 2019; Smith et al., 2021; Sun et al., 2023). Therefore, another perspective is possible: the GAD may have led to the MCI after this car accident. This car accident was only a stimulus. Some stimuli may have caused his MCI in the future; therefore, he needed psychotherapy and took psychiatric drugs over time. His MCI in the previous three days was recognized as a psychosis. Certainly, these two possible perspectives are evaluated in the next section to determine whether they are reasonable. His MCI also presented with persecutory delusion according

to statements in medical records (i.e., the patient also developed persecutory feelings and referential delusion) on February 26. This implied that he might experience potential persecutory delusion.

For a more detailed investigation of his MCI for these three days, with the extensive assistance of the New Taipei City Government, some corresponding people were investigated, who he has come into contact with in these three days, including police, doctors and neighbors, as well as the corresponding Traffic Surveillance Camera Footages (TSCF) to him, which was relevant to his whereabouts, to collect his behaviors over time in these three days with qualitative descriptions. His behaviors were the inputs of the GAI. The GAI was used to analyze the MCI from the collected behaviors; therefore, the MCI owned the features of the BE and the MSMM, which were the outputs of the GAI.

5. DISCUSSION

He only had a minor head injury after this car accident, and did he suffer from damage to the RSC to cause MCI? He often played football, and he had three head injuries that resulted in concussions in the past; however, his MCI did not occur. Certainly, sports-related traumatic brain injury (e.g., damage to the RSC) (Johnson et al., 2014; Manelis et al., 2022) might be only a factor of MCI. Therefore, his MCI might have been caused by a history of previous concussion, similar to the research of retired athletes in the study of Turner et al. (2024), as well as this car accident. Did the GAD lead to the MCI after this car accident? Did this car accident truly be a stimulus that led to his MCI? To understand the true causes of these two emergency treatments, he returned to Far East Memorial Hospital for a consultation at pm 19:09 on March 07 (this was not emergency treatment). The brain tomography in Figure.1 was again performed by the doctor, and no brain lesions were revealed. Therefore, the doctor's opinion was named an unspecified psychosis (supplementary materials: medical records from March 07). This finding implied that his MCI within three days was recognized as psychosis. Additionally, both his father and his deceased uncle had dementia, and they had previously experienced MCI. His father suffered from GAD due to long-term financial poverty. The GAD of his father led to MCI. It happened to his father once to cause the MCI, similar to his situation, because of falling in 2017. However, his family members objected to the disclosure of the medical records of his father, so this study did not include his medical history as supplementary materials. Therefore, because his mother passed away as a stimulus in 2016, he gradually developed dementia. Moreover, his father also suffered from sleep disorders. Sleep is commonly affected in patients suffering from MCI. Sleep disturbances include circadian rhythm disorders and slow-wave sleep disorders (Zhao et al., 2019; Huang et al., 2023; Randhi et al., 2023). The sleep disorders of his father might have been associated with MCI. However, the true causes of his uncle's dementia were unclear, so further tracing of his family's inheritance history might reveal true causes of his uncle's dementia. It is worth studying whether the occurrence of dementia is truly associated with family inheritance (Chow et al., 1999; Jarmolowicz et al., 2015; Mega et al., 2020; Low et al., 2021; Chin, 2023). Nevertheless, this was not an issue discussed and researched in this study. Therefore, people with MCI are at greater risk of developing dementia (Pandya et al., 2016; McGrattan et al., 2022; Solares, et al., 2023). From previous descriptions, he had to be aware that although it was just a temporary MCI, it might be a precursor to dementia (Etgen et al., 2011; Klekociuk et al.,

2016; Chen et al., 2023; Harwood et al., 2023). Similar sleep disorders were also reported by him, who took a psychotropic drug called Stilnox (10 mg) and took this drug to sleep with two pills every night (supplementary materials: two recent prescriptions from the Wellbeing Clinic). Did his MCI be caused by the side effects of psychotropic drugs? Before that, his primary doctor at the Wellbeing Clinic had already told him not to drive or ride a motorcycle after taking the psychiatric drugs because the side effect was that he would fall asleep and dizzy, so he followed the doctor's orders. After taking the psychiatric drugs, he did not drive or ride a motorcycle. Therefore, it should be impossible to cause MCI because of the side effects of psychiatric drugs. This was the reason why the opinion of the doctor at Far East Memorial Hospital was unspecified psychosis, which was not due to a substance or known physiological condition. Additionally, persecutory delusion often accompanies symptoms of psychosis and is a core symptom of psychosis, especially in the early stages of psychosis (Diaconescu et al., 2019). This implied that his psychosis was in the early stages. Therefore, these two possible perspectives are reasonable. Certainly, it was more possible that, merging these two perspectives, his MCI was simultaneously caused by head injury and GAD. The car accident was a small change, which was independent of his mental health and then caused his psychosis to have the BE for three days (Ozdemir et al., 2014; Wärdig et al., 2015). In other words, this small change already affected his mental health, and his behaviors were similar to those of a madman, completely different from his original nature. This meant that his completely different behaviors significantly changed, and the car accident was recognized as a small change. His behavioral pattern fits the MSMM because there was no correlation among his behaviors in these three days and his states in these three days were independent of any states in the past. In other words, there was no motivation in the past to cause his behaviors for these three days. Of course, his behaviors in these three days had more states (i.e., causing many abnormal behaviors in these three days), so a Multi-State was so called. To simply explain his behavioral pattern fitting the MSMM and letting the reader understand, two events that had already occurred (i.e., he himself made the room very messy and the wound on the scalp was caused by felling down from the bed) were used as examples. It was assumed that the next two states corresponded to these two events. The current state was the MCI. The past state was normal cognitive function (i.e., before a car accident), and these two states (corresponding to these two events) were independent of any state (i.e., a state with normal cognitive function) in the past. There was also no correlation between these two events. This was exactly what the MSMM described. Therefore, the results analyzed via the GAI were reasonable and acceptable.

6. CONCLUSION

When the RSC is damaged, episodic amnesia occurs, causing memory impairment during daily life events. Patients with injuries to the RSC had common symptoms, such as the inability to learn new routes and difficulty recognizing directions in familiar environments. A patient rode his motorcycle and collided with a car at 21:00 pm on February 24. He was immediately sent to Far East Memorial Hospital at 21:30 pm on February 24 for the first emergency treatment. Fortunately, the skull did not crack, and therefore, there was no brain injury. A four centimeter laceration was placed on the middle of the scalp. The wound was disinfected, given anti-inflammatory injections, and then sutured four times. He was subsequently sent to the same hospital for a second emergency treatment at pm 17:07 on February 26 because he created a scene at a nearby Laundromat.

After three days (i.e., during the night on February 27), the landlord told him that he himself made the room very messy. On the basis of the brain tomography and medical records in Figure.1 that he personally reviewed afterwards, he was able to obtain more detailed information about his behaviors over these three days. In other words, he had no idea what happened for these three days. The damage to the RSC led to difficulty in recognizing directions in familiar environments and impaired memory of daily life events. These symptoms are called MCI. It was a perspective. Another perspective was possible: the GAD led to MCI after this car accident and caused unspecified psychosis. This car accident was only a stimulus. His MCI within three days was recognized as psychosis. His MCI also presented with persecutory delusion. Persecutory delusion is a core symptom of psychosis, especially in the early stages of psychosis. Therefore, his psychosis was in the early stages. In addition, the car accident was a small change, which was independent of his mental health and then caused his psychosis to have BE for three days. Therefore, these two possible perspectives are reasonable. Certainly, it was more possible that, merging these two perspectives, his MCI was simultaneously caused by head injury and GAD. Moreover, his behavioral pattern fits the MSMM. Therefore, the results of this study confirmed that his MCI has the features of the BE and the MSMM using the GAI.

7. CLINICAL RESEARCH AND IMPLICATIONS

This study could help doctors further research the cognitive function of people who often suffer from concussions (such as athletes) with a high risk of traumatic brain injury (e.g., damage to the RSC). This study could also provide in-depth research on the possibility of cognitive impairment in patients with GAD when exposed to certain stimuli and even gradually developed into dementia. As previously stated, his father had a similar situation and then gradually developed into dementia. In summary, the GAD might play an important role in this case. The probability and risk of dementia increasing in these two groups (athletes and GAD patients) should be very high. In addition, this MSMM could be used to analyze and predict the progression of dementia over time. The model uses states to represent different stages of dementia (Salazar et al., 2007; Qin et al., 2023; Liu et al., 2024; Gannon et al., 2025). BE is a dementia care model that can emphasize emotional intelligence and person-centered care and has also been developed to meet the needs of an aging population with dementia (Sheard, 2014; Leyland et al., 2024). Therefore, for phases of clinical research, this case study could inspire the exploration of the real cause of dementia, e.g., such MCI (due to the GAD) the might be one of the precursors for dementia. In other words, the BE and MSMM caused by such MCI could be used as a reference for researching dementia.

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Author Contributions

The author has contributed to the conceptualization, writing, and review and editing of this manuscript.

Data Availability Statement

The occurred time of this car accident from police information, the three medical records from Far East Memorial Hospital and two sampled prescriptions from Wellbeing Clinic, as well as the medical diagnostic report from Wellbeing Clinic, contain in the supplementary materials.

Compliance with Ethical Statement consisting Conflict of Interest statement and Informed Consent

- (1) All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.
- (2) The author declares that there are no conflicts of interest.
- (3) Informed consent was obtained from all individual participants involved in the study.
- (4) This work does not include animals as subjects
- (5) Declaration of generative AI in scientific writing: The author declares no AI in scientific writing.

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Figures

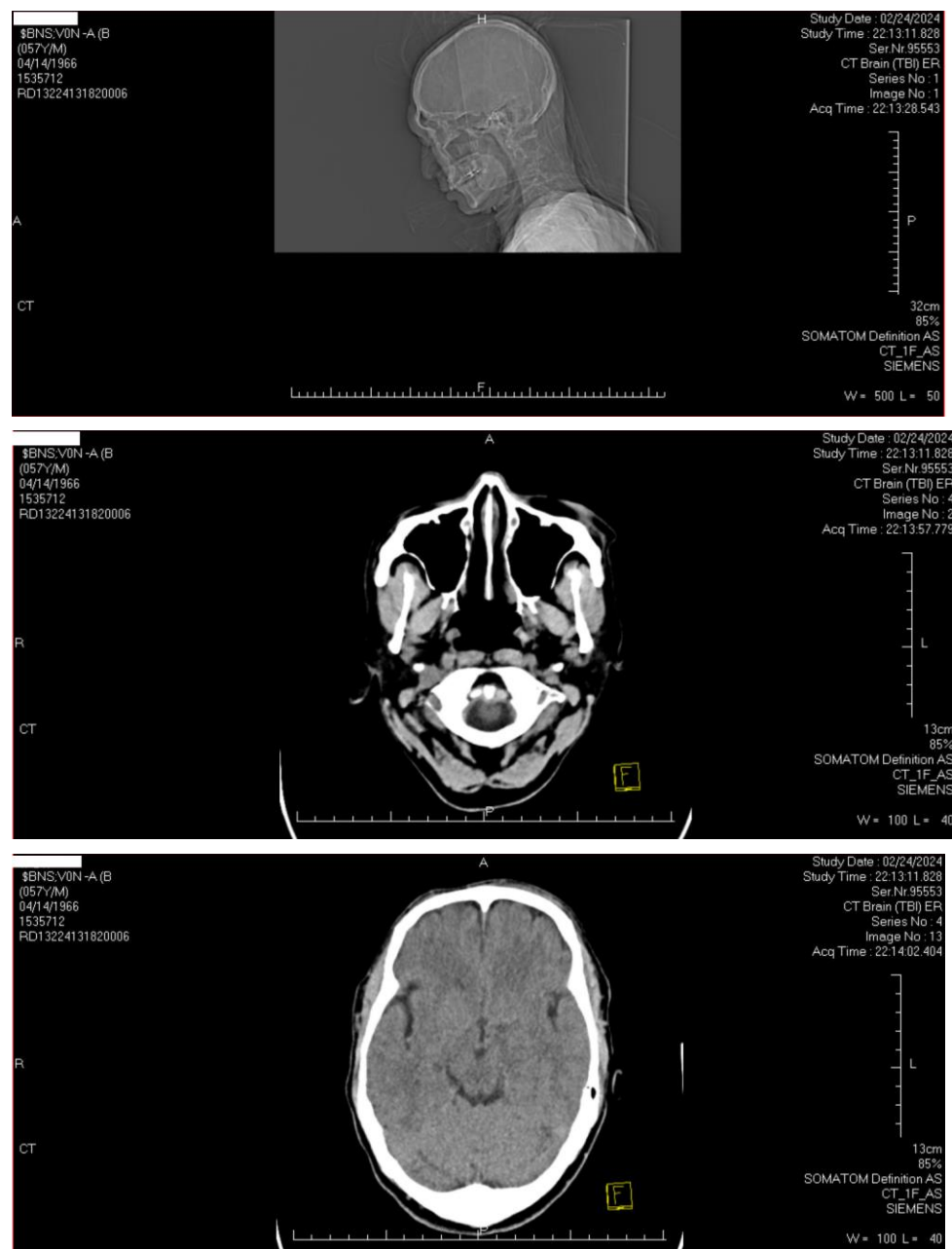


Figure 1: Brain tomography images of this patient (Far East Memorial Hospital, New Taipei City).

The supplementary materials

(1) Occurred time at pm: 21:00 on Feb 24, 2024

新北市政府警察局道路交通事故當事人登記聯單

發生時間		113年02月24日21時00分		地點		新北市板橋區中正、環河	
一	當事人姓名	林志偉	電話	0966132209	申請人簽收		
	車牌號碼	NLA-1677	備考	0908164058			
二	當事人姓名	吳建宏	電話	0927751766	申請人簽收		
	車牌號碼	MAG-2121	備考				
三	當事人姓名		電話		申請人簽收		
	車牌號碼		備考				
四	當事人姓名		電話		申請人簽收		
	車牌號碼		備考				
填表人	警員 林國興	單位戳章			處理單位	海山分局交通分隊	
					電話	02-2957-4112 02-2957-4145	
					地址	新北市板橋區民族路57號後棟 (由區運路1號旁巷內進入)	

附記：(1)本登記聯單由各申請之當事人收執一份，存根聯一份留存處理單位。

(2)如有需他造當事人其他個人資料(如地址等)，現場請自行協調交換，於備考欄或空白處填寫。

(3)如為主張或維護法律上之權益，而他造當事人拒絕提供資料或無法聯絡者，得向本機關申請提供。有關所申請之他造當事人個人資料，應遵守個人資料保護法等相關法令規定，不得違法利用，於無再使用之必要時，應予以銷毀。

交通事故處理當事人須知

保險理賠	一、因汽車交通事故致體傷、殘廢或死亡者，除單一汽車交通事故之駕駛人，或受害人之故意行為或從事犯罪行為(例如飲酒不能安全駕駛而駕駛汽車)等所致外，受害人或其繼承人均可依法申請保險金或補償金，且手續簡便，無須另支付費用委託他人代辦，詳情可向各地產物保險公司總、分支機構或財團法人汽車交通事故特別補償基金(電話：0800565678)查詢。另欲查詢肇事汽車是否為強制汽車責任保險之被保險汽車及承保公司名稱者，可檢具本登記聯單影本向財團法人保險事業發展中心(電話：0800-825-688、傳真：02-23219134)查詢。為了提供更快速、更好的理賠或補償服務，並請被保險人或受害人或其繼承人於事故發生五日內，將事故發生的當事人、時間、地點及經過情形等資料，以書面通知保險公司。
資料申請  ↑ 申請網址	二、當事人或利害關係人可於交通事故現場處理完畢七日後，在辦公時間內前往海山分局交通分隊(或原處理單位)(地址：新北市板橋區民族路57號後棟1-3樓、電話：(02)2957-4145)查詢事故處理情形，並可申請閱覽或核發道路交通事故現場圖、現場相片；另於事故發生後，可前往海山分局交通分隊(地址：新北市板橋區民族路57號後棟1-3樓、電話：(02)2957-4145)申請「道路交通事故初步分析研判表」，或可連結至本局資訊服務(https://eacc-inv.ntpd.gov.tw/TcpAppWeb/)線上申辦，本局交通警察大隊將於您申請後三十工作日核發。申請提供資料所需費用由申請人負擔。如有人員受傷或死亡之交通事故，當事人或利害關係人欲申請相關資料者，可利用內政部警政署全球資訊網(內政部警政署全球資訊網/交通事故資料申請及申辦案件進度查詢)辦理申請作業。
民事賠償	三、車輛損毀或財物損失案件，請自行協調理賠，或向區公所調解委員會申請調解，或向地方法院民事庭訴請審理(民事賠償警察機關不受理、不干涉)。
受傷提告	四、有人員受傷案件，刑事傷害責任部分，被害人得於事故發生後六個月內，主動向肇事地點轄區分局偵查隊或地方法院檢察署提出告訴(得附帶民事訴訟)；民事賠償部分得自行協調理賠，或向區公所調解委員會申請調解，或向地方法院民事庭訴請審理。
肇因鑑定	五、當事人得於事故發生當日起六個月內逕向新北市政府交通事件裁決處(地址：新北市板橋區中山路1段143號2樓，電話：(02)8978-6101)申請鑑定。
涉外案件	六、當事人如為外國僑民，請向新北市政府警察局外事科洽辦；軍事車輛肇事請向當地憲兵機關辦理。

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗章成功

開令時間: 2024-02-24 21:45:42

記錄者: 林子婷

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	S20
就診科別	一般外科	檢傷級數	4	掛號醫師	林子婷	就診日期	2024-02-24	生日	1966-04-14

診斷:

S0990XA Unspecified injury of head, initial encounter

SOAP:

主述:

Information from the patient
fell down and hit head last morning
did not go to hospital
then fell down again tonight
L/W 4cm on scalp
left eye ecchymosis
bil elbow and knee A/W and swelling

ILOC (+) headache(-) Nausea(-) vomiting(-) neck pain(-) chest pain(-)
abdominal pain(-) dyspnea(-)

T.T. vaccination within recent 5 years (-).

PHx: depression
allergy:nil
TOCC:nil
此病患目前【沒有】服用抗凝血/抗血小板藥物紀錄

客觀:

Consciousness: Clear
GCS: E4M6V5
Pupil (Rt/Lt): 2.5/2.5 mm
LR (Rt/Lt): +/-
Conjunctiva: Not pale
Neck: Supple
Chest: Clear BS
Abdomen: Soft, Tenderness (-), Rebounding pain (-), Muscle guarding (-)
Pelvis: Tenderness (-)
Back: Tenderness (-), CVAT (-)
Extremity:
L/W 4cm on scalp
left eye ecchymosis
bil elbow and knee A/W and swelling
2. 疑似有顱骨骨折的現象
3. 顱底骨折的任何徵候(例如腦脊液鼻漏、耳漏等)

評估:

L/W 4cm on scalp
left eye contusion
bil elbow and knee A/W and contusion

計畫:

as order
CT Brain (TBI) 急診專用
CT Facial Bone

短期藥囑:

藥品名稱	處方劑量	單位	頻率	途徑	開立時間	終止時間	刪除時間	狀態
Neomycin Oint 28gm/tube	1.000	適量	STAT	TOPI	2024/2/24 下午 09:45:42			

病歷號:1535712/姓名:林志偉

1/2

列印時間:2024/4/19



Adsorbed tetanus toxoid vaccine 0.5ml/amp	0.500	ml	STAT	SC	2024/2/24 下午 09:45:42			
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短期檢驗:

檢驗名稱	檢體/部位	開立時間	終止時間	刪除時間	狀態
CT without contrast	NONE	2024/2/24 下午 09:45:42			
CT Brain (TBI) 急診專用	NONE	2024/2/24 下午 09:45:42			
CT Facial Bone	NONE	2024/2/24 下午 09:45:42			
Lt Knee AP+Lat	NONE	2024/2/24 下午 09:45:42			
Rt Knee AP+Lat	NONE	2024/2/24 下午 09:45:42			
Lt Elbow AP+Lat	NONE	2024/2/24 下午 09:45:42			
Rt Elbow AP+Lat	NONE	2024/2/24 下午 09:45:42			

短期處置:

處置名稱	開立時間	終止時間
Record GCS Q45minutes x 2 times, then as routine	2024/2/24 下午 09:45:42	
wound suture	2024/2/24 下午 09:45:42	
給予(Suture)衛教單	2024/2/24 下午 09:45:42	
頭部外傷衛教 (Head injury sheet)	2024/2/24 下午 09:45:42	
ice packing	2024/2/24 下午 09:45:42	

文件紀錄時間: 2024-02-24 22:46:52

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

2/2

列印時間:2024/4/19



亞東紀念醫院 急診會診單

一、病人基本資料

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M
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二、請求

會診理由：

協尋家屬

請求時間：2024-02-24 22:28:59

請求科別：一般外科

請求醫師：陳品傑

病情摘要：

三、會診

會診意見：

林志偉 1535712

S協尋家屬

O土城交通分隊、病人本人

- 1.入院狀況：病人57歲男性，32024/02/24 21:47 撕裂傷入院，GCS:E4V4M6，119送入，自訴昨天早上從床上跌倒撞到頭，後腦杓一處撕裂傷，左眼瘀青，因在路邊騎車搖晃被警察攔下送入急診，會談時病人意識清楚但反應緩慢。
- 2.家庭狀況：自訴父存失能居住養老院，母歿，手足關係疏離無聯絡，本身離婚無子女，目前租屋獨居。
- 3.經濟狀況：病人自訴為遠東新世紀的環境工程師，收入狀況無法詳細說明
- 4.福利身份：不詳

A協尋家屬

P

- 1.土城交通分隊表示查無病人家屬僅有找到房東聯繫方式，但房東也沒有病人家屬聯絡方式
- 2.病人入院身上無身分證健保卡，警方提供病人戶籍為屏東縣新埤鄉打鐵村東興路102號，現病人意識清楚，若病人無礙不用住院可自行離院，若需要住院協尋家屬擬發文戶政協尋

會診時間：2024-02-24 22:29:20

會診科別：社會工作室

會診社工師：陳品傑

會診單號：11302240192

文件記錄時間：2024-02-24 22:29:20

病歷暨電子病歷管理委員會102年10月18日核備通過



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



醫囑章

開令時間: 2024-02-24 22:31:05

記錄者: 林子婷

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	S20
就診科別	一般外科	檢傷級數	4	掛號醫師	林子婷	就診日期	2024-02-24	生日	1966-04-14

診斷:

S0990XA Unspecified injury of head, initial encounter

SOAP:

主述:

無進一步描述

客觀:

<Image Finding> CT Brain (TBI) 急診專用
no ICH

評估:

NONE

計畫:

無進一步描述

文件紀錄時間: 2024-02-24 22:31:05

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗章本功

開令時間: 2024-02-24 22:49:14

記錄者: 林子婷

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	S20
就診科別	一般外科	檢傷級數	4	掛號醫師	林子婷	就診日期	2024-02-24	生日	1966-04-14

診斷:

S0990XA	Unspecified injury of head, initial encounter
R404	Transient alteration of awareness

SOAP:

主述:
cons confused bizarre speech
客觀:
無進一步描述
評估:
cons change r/o alcohol us r/o drug intoxication
計畫:
lab work up

短期藥囑:

藥品名稱	處方劑量	單位	頻率	途徑	開立時間	終止時間	刪除時間	狀態
NS 500ml/Bag (Norm-Saline) (keep 100 ml/hr)	500.000	ml	STAT	IVDRIP	2024/2/24 下午 10:49:14			

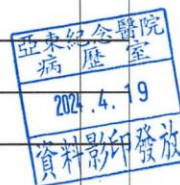
短期檢驗:

檢驗名稱	檢體/部位	開立時間	終止時間	刪除時間	狀態
ALT	Blood	2024/2/24 下午 10:49:14			
Glucose random	Blood	2024/2/24 下午 10:49:14			
K	Blood	2024/2/24 下午 10:49:14			
Na	Blood	2024/2/24 下午 10:49:14			
CRP	Blood	2024/2/24 下午 10:49:14			
Creatinine	Blood	2024/2/24 下午 10:49:14			
Venous blood gas	Blood	2024/2/24 下午 10:49:14			
CBC	Blood	2024/2/24 下午 10:49:14			
WBC DC	Blood	2024/2/24 下午 10:49:14			
Ethyl alcohol	Blood	2024/2/24 下午 10:49:14			
Urine routine & sediment	Urine	2024/2/24 下午 10:49:14			

病歷號:1535712/姓名:林志偉

1/2

列印時間:2024/4/19



Drug abuse screening	Spot Urine	2024/2/24 下午 10:49:14			
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文件紀錄時間: 2024-02-24 22:49:16

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

2/2

列印時間:2024/4/19

亞東紀念醫院
急診醫囑單

開令時間: 2024-02-24 23:19:08

記錄者: 劉絲婷

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	S20
就診科別	一般外科	檢傷級數	4	掛號醫師	林予婷	就診日期	2024-02-24	生日	1966-04-14

診斷:

S0990XA	Unspecified injury of head, initial encounter
R404	Transient alteration of awareness

SOAP:

主述:
無進一步描述
客觀:
無進一步描述
評估:
NONE
計畫:
無進一步描述

短期處置:

處置名稱	開立時間	終止時間
保護性約束	2024/2/24 下午 11:19:08	
文字醫令:約束同意書	2024/2/24 下午 11:19:08	

文件紀錄時間: 2024-02-24 23:19:08

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗章成功

開令時間: 2024-02-24 23:54:46

記錄者: 林子婷

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	S20
就診科別	一般外科	檢傷級數	4	掛號醫師	林子婷	就診日期	2024-02-24	生日	1966-04-14

診斷:

S0990XA	Unspecified injury of head, initial encounter
R404	Transient alteration of awareness

SOAP:

主述:
無進一步描述
客觀:
xray: no obvious fx line
評估:
NONE
計畫:
無進一步描述

文件紀錄時間: 2024-02-24 23:54:47

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/4/19



已錄章



醫章成功

亞東紀念醫院 急診會診單

一、病人基本資料

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M
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二、請求

會診理由:

left eye ecchymosis

請求時間: 2024-02-25 00:44:53

請求科別: 一般外科

請求醫師: 瞿裕昌

病情摘要:

Information from the patient
fell down and hit head last morning
did not go to hospital
then fell down again tonight
L/W 4cm on scalp
left eye ecchymosis
bil elbow and knee A/W and swelling

ILOC(+) headache(-) Nausea(-) vomiting(-) neck pain(-) chest pain(-)
abdominal pain(-) dyspnea(-)

T.T. vaccination within recent 5 years (-).

PHx: depression

allergy:nil

TOCC:nil

此病患目前【沒有】服用抗凝血/抗血小板藥物紀錄
病患運送狀態:無法下床,

三、會診

會診意見:

CC: Left eye ecchymosis and swelling after falling down

PI:

2/23 morning: fell down and hit head(did not go to hospital) with left eye ecchymosis

2/24 night: fell down again

Denied: eye pain, redness, blurred vision

PH: depression; DM(-), HTN(-), Allergy: NKA

Oph Hx: trauma(-)

surgery(-)

RAPD(-) EOM: f&f

Examined with portable device due to delirium(約束狀態)

Consciousness: E4V4M6, delirium

Bare VA: (OD) 20/20

(OS) 20/20

IOP: (OD) 20.7 mmHg

(OS) 20.9 mmHg

Appearance:(OD) normal

(OS) ecchymosis and swelling over

periorbital region

Cornea: (OD) clear

(OS) clear

Conj.: (OD) clear

(OS) clear

病歷號:1535712/姓名:林志偉

1/2

列印時間:2024/4/19



AC:	(OD) deep/seems clear	(OS) deep/seems clear
Lens:	(OD) NS2+	(OS) NS2+
Fundus:	(OD) C/D 0.6, attached	(OS) C/D 0.7, no hemorrhage, no break, attached
Imp: Blunt injury, os		
Plan: Explain the risk of retinal detachment, cataract, vitreous hemorrhage, glaucoma, traumatic optic neuropathy		
Ice packing		
OPD follow up 2024/3/11		
R1 鄭名珊 /VS張珮瑤		
會診時間: 2024-02-25 02:23:52		會診醫師: 張珮瑤

會診單號: 11302250013

文件記錄時間: 2024-02-25 02:23:52

病歷暨電子病歷管理委員會102年10月18日核備通過



病歷號:1535712/姓名:林志偉

2/2

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗證成功

開令時間: 2024-02-25 00:44:59

記錄者: 陳昱璿

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	S20
就診科別	一般外科	檢傷級數	4	掛號醫師	瞿裕昌	就診日期	2024-02-24	生日	1966-04-14

診斷:

S0990XA	Unspecified injury of head, initial encounter
R404	Transient alteration of awareness

SOAP:

主述:
無進一步描述
客觀:
無進一步描述
評估:
NONE
計畫:
無進一步描述

短期處置:

處置名稱	開立時間	終止時間
照會(眼科部) For(張珮瑤)	2024/2/25 上午 12:44:59	

文件紀錄時間: 2024-02-25 00:45:00

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗章成功

開令時間: 2024-02-25 06:37:04

記錄者: 章志榮

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	S20
就診科別	一般外科	檢傷級數	4	掛號醫師	章志榮	就診日期	2024-02-24	生日	1966-04-14

診斷:

S0990XA	Unspecified injury of head, initial encounter
R404	Transient alteration of awareness

SOAP:

主述:

con's clear, denied obvious discomfort

客觀:

會診科別:眼科 會診醫師:張珮瑤 會診結果:

CC: Left eye ecchymosis and swelling after falling down

PI:

2/23 morning: fell down and hit head(did not go to hospital) with left eye ecchymosis

2/24 night: fell down again

Denied: eye pain, redness, blurred vision

PH: depression; DM (-), HTN (-), Allergy: NKA

Oph Hx: trauma (-),

surgery (-)

RAPD(-) EOM: f&f

Examined with portable device due to delirium(約束狀態)

Consciousness: E4V4M6, delirium

Bare VA: (OD) 20/20

(OS) 20/20

IOP: (OD) 20.7 mmHg

(OS) 20.9 mmHg

Appearance: (OD) normal

(OS) ecchymosis and swelling over

periorbital region

Cornea: (OD) clear

(OS) clear

Conj.: (OD) clear

(OS) clear

AC: (OD) deep/seems clear

(OS) deep/seems clear

Lens: (OD) NS2+

(OS) NS2+

Fundus: (OD) C/D 0.6, attached

(OS) C/D 0.7, no hemorrhage, no break,

attached

Imp: Blunt injury, os

Plan: Explain the risk of retinal detachment, cataract, vitreous hemorrhage, glaucoma, traumatic optic neuropathy

Ice packing

OPD follow up 2024/3/11

R1 鄭名珊 /VS張珮瑤

評估:

1. Head injury with scalp L/W ~4cm
2. Contusion, left periorbital region, with blunt injury, os
3. Contusion, bil elbow and knee
4. R't big toe nail avulsion, right knee A/W

計畫:

1. Symptomatic treatment + Prophylaxis ABx
2. Head injury sheet
3. Well explained & OPD f/u

短期檢驗:

檢驗名稱	檢體/部位	開立時間	終止時間	刪除時間	狀態
頭部外傷出院衛教	NONE	2024/2/25 上午 06:37:04			

病歷號:1535712/姓名:林志偉

1/2

列印時間:2024/4/19



短期處置:

處置名稱	開立時間	終止時間
wound CD (小) X (2)	2024/2/25 上午 06:37:04	
預約回診: 1130227 神經外科 張文瑞 醫師	2024/2/25 上午 06:37:04	
MBD(出院)	2024/2/25 上午 06:37:04	

出院帶藥:

藥品名稱	處方劑量	單位	頻率	途徑	開立時間	終止時間	刪除時間	天數	狀態
Acetaminophen (Acetal) 500mg/tab	1.000	粒	QID	PO	11302250637			3	
Cephalexin Monohydrate <500mg> /cap	1.000	粒	Q6H	PO	11302250637			3	

文件紀錄時間: 2024-02-25 06:37:05

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

2/2

列印時間:2024/4/19

(3) The Medical records on Feb 26 2024

 亞東紀念醫院 急診檢傷病歷  驗章成功	
病歷號: 1535712 姓名: 林志偉 記錄者: 許嘉桓	*病歷號碼: 1535712 *姓名: 林志偉 *出生日期: 民國055年04月14日 *年齡: 57歲 *身分證號/事件號: T121520835 *緊急聯絡人姓名: *緊急聯絡人關係: *緊急聯絡人電話: *急性改變: 否 *GCS: 15 *檢傷分級: 3 *科別: 內科 *性別: 男 *返診註記: *到院時間: 113年02月26日17時07分 *到院方式: 119救護車 *陪同人員: 警察 *生命徵象: B.P. (mmHg): 158/108; H.R. (/min): 77; R.R. (/min): 18; B.T. (°C): 36.1; B.W. (Kg): NA; SpO2 (%): 98; *疼痛指數: 0 *疼痛部位: NA *入院主訴: 病人來診為 焦慮 / 情緒轉變, 中度焦慮/躁動可安撫. 在洗衣店大鬧故入, 身上外傷皆為前幾天造成的 【EDICAS: 1】 【機構或病史-不開放】 *資料來源: 119警方 *過敏紀錄: 無 *血型: *懷孕: *告知事宜: 發燒: 無; 接觸史: 無; 咳嗽: 無; 群聚現象: 無; 旅遊史: 無; *檢傷簽名: 96079/許嘉桓
內容	
文件紀錄時間: 2024-02-26 17:07:29 序: 11322355000000200 病歷暨電子病歷管理委員會112年03月28日核備通過 2024.4.19 資料影印發放	
病歷號: 1535712/姓名: 林志偉	1/1 列印時間: 2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗章成功

開令時間: 2024-02-26 17:20:37

記錄者: 吳元暉

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	A16
就診科別	一般內科	檢傷級數	3	掛號醫師	吳元暉	就診日期	2024-02-26	生日	1966-04-14

診斷:

F411 Generalized anxiety disorder

SOAP:

主述:

維品

門診

3531046128 泛焦慮症

F411 輕瀉藥 (Laxatives) Sennoside A+B(Calcium) THROUGH F.C. TABLETS "C.M."

(SENNOSIDES) 14 28 113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 Psychoanaleptics Mirtazapine SMILON F.C. TABLETS 30MG (30粒/鋁箔盒裝) * 14 28

113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 抗癲癇藥 (Antiepileptics) Clonazepam CLONOPAM TABLETS 2MG "KINGDOM" 14 14

113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 抗癲癇藥 (Antiepileptics) Clonazepam CLONOPAM TABLETS 2MG "KINGDOM" 14 28

113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 Psychoanaleptics Venlafaxine (Hcl) EASYFOR SR CAPSULES 75MG 14 28 113/02/16

4

維品

門診

3531046128 泛焦慮症

F411 Psycholeptics Zolpidem Tartrate STILNOX FILM-COATED SCORED TABLETS 10MG 14 28

113/02/16 4

明品

門診

3531019934 氣喘, 無併發症

J45909 阻塞性氣道疾病用藥 (Drugs for obstructive airway diseases) Budesonide:

Formoterol Fumarate (Dihydrate) SYMBICORT RAPIHALER 160/4.5UG/DOSE 28 1 113/02/06

8

客觀:

無進一步描述

評估:

NONE

計畫:

無進一步描述

文件紀錄時間: 2024-02-26 17:20:38

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號: 1535712/姓名: 林志偉

1/1

列印時間: 2024/4/19



亞東紀念醫院 急診會診單

一、病人基本資料

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M
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二、請求

會診理由:

For evaluation of psychotic symptoms. Thank you very much!!

請求時間: 2024-02-26 17:32:27

請求科別: 一般內科

請求醫師: 吳元暉

病情摘要:

Information from police

PHx:

Psychotic disease history, f/u at 維品身心科診所

Ever came to our ER 2 days ago due to TBI, and brain image showed no specific findings

CC:

患者在洗衣店大鬧，對每個客人說衣服是他的，一直胡言亂語

員警到場後情緒較穩定

Now could answer 人事時地，but slow response

No limbs weakness, no faical palsy, no other specific discomfort

Allergy: NKA

三、會診

會診意見:

Dear doctor,

This is a 57 y/o single male who was sent to our ER due to disturbing behavior in the neighbor (在洗衣店裡堅持說衣服是自己的). According to the patient, he has been following in 維品身心科診所. He is currently living alone, while he claimed that he was driven out accidentally by the landlord (突然發現房東不租房子給他了). The patient also developed persecutory feelings (覺得房東要害自己), and referential delusion (覺得自己的工作跟人工智慧有關). He has a poor relationship with his family members for years. We was unable to contact his family this time. He accidentally fell down from stairs two days ago, and fell again on 2/24. Therefore, he visited our ER for help, and was diagnosed as TBI, while no significant finding was noted under brain CT. On 2/26, the patient found that his clothes was took by others in a laundry store. He argued with other customers. The police was called, and he was sent to our ER by the police for help.

<MSE>

consciousness: clear

attention: attentive

attitude: cooperative

appearance: unkempt, poor self-care; left eye bruising; multiple superficial

laceration over hands

affect/mood: anxious, dysphoric

behavior: sitting on a chair

病歷號:1535712/姓名:林志偉

1/2

列印時間:2024/4/19



speech: sometimes incoherent and irrelevant, slow and slurred speech
perception: denied AH or VH
thoughts: persecutory feelings (覺得房東要害自己, 覺得自己的衣服被其他人拿走), and
referential delusion (覺得自己的工作跟人工智慧有關), formal thought disorder
suicidal risk: low
violent risk: low to moderate
insight: poor

<Impression>
Acute psychosis
Traumatic brain injury

<Plan>
1. PPFE+PDI
2. Psychoeducate the patient about the risk management and coping strategies
3. Recommend checking EKG. If no QTc prolongation, may give discharge medicine:
Risperidone 2mg 2#HS
4. Please manage his physical condition with your expertise.

R1 86343 汪廣恆/ VS 陳昶

會診時間: 2024-02-26 21:38:36

會診科別: 精神科

會診醫師: 陳昶

會診單號: 11302260461

文件記錄時間: 2024-02-26 21:38:36

病歷暨電子病歷管理委員會102年10月18日核備通過



病歷號: 1535712/ 姓名: 林志偉

2/2

列印時間: 2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗證成功

開令時間: 2024-02-26 17:26:40

記錄者: 許天祐

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	A16
就診科別	一般內科	檢傷級數	3	掛號醫師	吳元暉	就診日期	2024-02-26	生日	1966-04-14

診斷:

F411 Generalized anxiety disorder

SOAP:

主述:

Information from police

PHx:

Psychotic disease history, f/u at 維品身心科診所

Ever came to our ER 2 days ago due to TBI, and brain image showed no specific findings

CC:

患者在洗衣店大鬧, 對每個客人說衣服是他的, 一直胡言亂語

員警到場後情緒較穩定

Now could answer 人事時地, but slow response

No limbs weakness, no faical palsy, no other specific discomfort

Allergy: NKA

客觀:

Cons: E4V5M6, mild agitation

Left eye ecchymosis, left head swelling and l/w s/p suture

Fair respiratory pattern

Abdomen: soft, no tenderness

Extremities: freely movable, no pitting edema

評估:

Panic attack

Psychotic symptoms

計畫:

A+H

Consult psychiatrist

短期藥囑:

藥品名稱	處方劑量	單位	頻率	途徑	開立時間	終止時間	刪除時間	狀態
Ativan Inj. (Anxicam) 2mg/ml/amp	2.000	mg	STAT	IM	2024/02/26 下午 05:26:40			
Haldol 5mg/ml/amp	5.000	mg	STAT	IM	2024/02/26 下午 05:26:40			

文件紀錄時間: 2024-02-26 17:26:41

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號: 1535712/姓名: 林志偉

1/1

列印時間: 2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗章成功

開令時間: 2024-02-26 17:32:33

記錄者: 許天祐

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	A16
就診科別	一般內科	檢傷級數	3	掛號醫師	吳元暉	就診日期	2024-02-26	生日	1966-04-14

診斷:

F411	Generalized anxiety disorder
------	------------------------------

SOAP:

主述:
無進一步描述
客觀:
無進一步描述
評估:
NONE
計畫:
無進一步描述

短期處置:

處置名稱	開立時間	終止時間
照會(精神科) For(陳昶)	2024/02/26 下午 05:32:33	

文件紀錄時間: 2024-02-26 17:32:34

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



驗章成功

開令時間: 2024-02-26 21:24:00

記錄者: 張仲達

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	A16
就診科別	一般內科	檢傷級數	3	掛號醫師	張仲達	就診日期	2024-02-26	生日	1966-04-14

診斷:

F411 Generalized anxiety disorder

SOAP:

主述:

來源 主診斷 ATC3名稱 成分名稱 藥品名稱 給藥

日數 藥品

用量 就醫(調劑)日期(住院用藥起日) 慢連箋

領藥日

(住院用

藥迄日) 單筆

餘藥

日數

試算

維品

門診

3531046128 泛焦慮症

F411 輕瀉藥 (Laxatives) Sennoside A+B(Calcium) THROUGH F.C. TABLETS "C.M."

(SENNOSIDES) 14 28 113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 Psychoanaleptics Mirtazapine SMILON F.C. TABLETS 30MG(30粒/鋁箔盒裝) 14 28

113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 抗癲癇藥 (Antiepileptics) Clonazepam CLONOPAM TABLETS 2MG "KINGDOM" 14 14

113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 抗癲癇藥 (Antiepileptics) Clonazepam CLONOPAM TABLETS 2MG "KINGDOM" 14 28

113/02/16 4

維品

門診

3531046128 泛焦慮症

F411 Psychoanaleptics Venlafaxine (Hcl) EASYFOR SR CAPSULES 75MG 14 28 113/02/16

4

維品

門診

3531046128 泛焦慮症

F411 Psycholeptics Zolpidem Tartrate STILNOX FILM-COATED SCORED TABLETS 10MG 14 28

113/02/16 4

明品

門診

3531019934 急性上呼吸道感染

J069 咳嗽及感冒用藥 (Cough and cold preparations) Acetylcysteine ACTEIN EFFERVESCENT

TABLETS 600MG 7 14 113/02/09 0

明品

門診

3531019934 急性上呼吸道感染

J069 咳嗽及感冒用藥 (Cough and cold preparations) Dextromethorphan Hbr DELCOPAN SR

F.C.T. 60MG(鋁箔/膠箔) 7 14 113/02/09 0

明品

門診

3531019934 急性上呼吸道感染

J069 抗組胺藥 (Antihistamines for systemic use) Fexofenadine Hydrochloride FEXODINE

F.C. TABLETS 60MG"STANDARD"(FEXOFENADINE HYDROCHLORIDE)(鋁箔/膠箔) 7 14 113/02/09

明品

門診

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病歷號:1535712/姓名:林志偉

1/2

列印時間:2024/4/19



0
客觀: 無進一步描述
評估: NONE
計畫: 無進一步描述

文件紀錄時間: 2024-02-26 21:24:00

病歷暨電子病歷管理委員會104年10月14日核備通過





已簽章

亞東紀念醫院

急診醫囑單



驗章成功

開令時間: 2024-02-26 21:39:57

記錄者: 吳元暉

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	A16
就診科別	一般內科	檢傷級數	3	掛號醫師	吳元暉	就診日期	2024-02-26	生日	1966-04-14

診斷:

F411 Generalized anxiety disorder

SOAP:

主述:

無進一步描述

客觀:

會診科別: 精神科 會診醫師: 陳昶 會診結果:
Dear doctor,

This is a 57 y/o single male who was sent to our ER due to disturbing behavior in the neighbor (在洗衣店裡堅持說衣服是自己的). According to the patient, he has been following in 維品身新診所. He is currently living alone, while he claimed that he was driven out accidentally by the landlord (突然發現房東不租房子給他了). The patient also developed persecutory feelings (覺得房東要害自己), and referential delusion (覺得自己的工作跟人工智慧有關). He has a poor relationship with his family members for years. We was unable to contact his family this time. He accidentally fell down from stairs two days ago, and fell again on 2/24. Therefore, he visited our ER for help, and was diagnosed as TBI, while no significant finding was noted under brain CT. On 2/26, the patient found that his clothes was took by others in a laundry store. He argued with other customers. The police was called, and he was sent to our ER by the police for help.

<MSE>

consciousness: clear
attention: attentive
attitude: cooperative
appearance: unkempt, poor self-care; left eye bruising; multiple superficial laceration over hands
affect/mood: anxious, dysphoric
behavior: sitting on a chair
speech: sometimes incoherent and irrelevant, slow and slurred speech
perception: denied AH or VH
thoughts: persecutory feelings (覺得房東要害自己, 覺得自己的衣服被其他人拿走), and referential delusion (覺得自己的工作跟人工智慧有關), formal thought disorder
suicidal risk: low
violent risk: low to moderate
insight: poor

<Impression>

Acute psychosis
Traumatic brain injury

<Plan>

1. PPFE+PDI
2. Psychoeducate the patient about the risk management and coping strategies
3. Recommend checking EKG. If no QTc prolongation, may give discharge medicine: Risperidone 2mg 2#HS
4. Please manage his physical condition with your expertise.

R1 86343 汪廣恆/ VS 陳昶

評估:

NONE

計畫:

病歷號: 1535712 / 姓名: 林志偉

1/2

列印時間: 2024.02.26 21:39:57

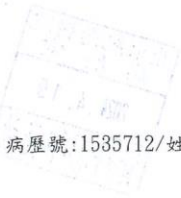


無進一步描述

短期檢驗：					
檢驗名稱	檢體/部位	開立時間	終止時間	刪除時間	狀態
EKG (急診或夜診含假日)	Human	2024/2/26 下午 09:39:57			

文件紀錄時間：2024-02-26 21:39:58

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

2/2

列印時間:2024/4/19



已簽章

亞東紀念醫院

急診醫囑單



醫囑成功

開令時間: 2024-02-26 22:09:07

記錄者: 吳元暉

病歷號	1535712	病患姓名	林志偉	身份證號	T121520835	病患性別	M	床號	A16
就診科別	一般內科	檢傷級數	3	掛號醫師	吳元暉	就診日期	2024-02-26	生日	1966-04-14

診斷:

F29	Unspecified psychosis not due to a substance or known physiological condition
-----	---

SOAP:

主述:
無進一步描述
客觀:
ECG: NSR
評估:
NONE
計畫:
無進一步描述

短期處置:

處置名稱	開立時間	終止時間
MBD(出院)	2024/2/26 下午 10:09:07	

出院帶藥:

藥品名稱	處方劑量	單位	頻率	途徑	開立時間	終止時間	刪除時間	天數	狀態
Risperidone 2mg/tab (Risdone)	2.000	粒	HS	PO	11302262209			3	

文件紀錄時間: 2024-02-26 22:09:07

病歷暨電子病歷管理委員會104年10月14日核備通過



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/4/19

(4) The Medical Diagnostic Report from Wellbeing Clinic

WELLBEING CLINIC MEDICAL DIAGNOSTIC REPORT	
NAME : 林志偉	CHART NO : 0002441
AGE : 58	SEX : Male JOB :
BIRTHDAY : 1966 / 04 / 14	ID CARD NO : T121520835
NATIONALITY : 屏東縣 ADDRESS : 板橋區橋中一街125巷8弄6號2樓B4	
DEPARTMENT : Psychiatry	
DIAGNOSIS : Generalized anxiety disorder	
COMMENT : The patient with the above mentioned condition is suggested to receive regular treatment.	
NOTE :	
THIS CERTIFIES THAT THE ABOVE NAMED PATIENT SUFFERED FROM THE DISEASE STATED ABOVE.	
CERTIFICATE NO : 049796	
ATTENDING PHYSICIAN : WEI JEN CHANG	
DEPARTMENT CHIEF : WEI JEN CHANG	
TELEPHONE : 02-22422510	
ADDRESS : 新北市中和區連城路4號1樓	
DATE OF ISSUE : 2024 / 06 / 17	 

(5) Two Recent Prescriptions as an Example

Returned to the doctor every 14 days and got the same psychiatric drugs each time (from Wellbeing Clinic)

健保代碼: 維品身心診所藥品明細收據
 姓名:林志偉 性別:男 身分證:T12****35 生日:0550414
 就診日期:1130605 身分別:健保診 診別:1診 科別:精神科
 病歷號:0002441 就醫序號:0042 部分負擔代號:D20 日份:14
 N 藥品名稱 用法 服法*天數 劑量 總數 單位 備註

1 2MG CLONOPAM	口服	早晚服用	*14	1.	28.	錠	
用藥警語不可過量服用							
適應症減緩焦慮							
) 副作用想睡,頭暈							
) Stilnox 10mg	口服	睡前需要時	*14	2.	28.	錠	
用藥警語興奮,失眠							
適應症失眠症							
) 副作用腳步笨拙或不穩,意識混淆							
30MG Smilon	口服	睡前服用	*14	1.	14.	錠	
用藥警語不可突然停藥							
適應症憂鬱狀態							
副作用胃腸不適							
EASYFOR 75MG	口服	早晚服用	*14	1.	28.	錠	恐慌
2MG CLONOPAM	口服	每日一次	*14	1.	14.	錠	備用
用藥警語不可過量服用							
適應症減緩焦慮							
副作用想睡,頭暈							
支持性心理治	其他	一天1次	* 1	1.	1.	次	

診察350 藥費 421 治療 97 藥事41 健保申請 779 合計 909
 掛號費150 部份負擔 50 ★藥品部份負擔 80★
 ※本次收據共計: 280 元
 醫師:林宏 藥師:張育豪 調劑日:1130605
 地址:新北市中和區連城路4號1樓 電話:02-22422510



健保代碼: 維品身心診所藥品明細收據
 姓名:林志偉 性別:男 身分證:T12****35 生日:0550414
 就診日期:1130617 身分別:健保診 診別:1診 科別:精神科
 病歷號:0002441 就醫序號:0043 部分負擔代號:D20 日份:14
 N 藥品名稱 用法 服法*天數 劑量 總數 單位 備註

1 2MG CLONOPAM	口服	早晚服用	*14	1.	28.	錠	
用藥警語不可過量服用							
適應症減緩焦慮							
副作用想睡,頭暈							
Stilnox 10mg	口服	睡前需要時	*14	2.	28.	錠	
用藥警語興奮,失憶							
適應症失眠症							
副作用腳步笨拙或不穩,意識混淆							
30MG Smilon	口服	睡前服用	*14	1.	14.	錠	
用藥警語不可突然停藥							
適應症憂鬱狀態							
副作用胃腸不適							
EASYFOR 75MG	口服	早晚服用	*14	1.	28.	錠	恐慌
2MG CLONOPAM	口服	每日一次	*14	1.	14.	錠	備用
用藥警語不可過量服用							
適應症減緩焦慮							
副作用想睡,頭暈							
特殊心理治療	其他	一天1次	* 1	1.	1.	次	
* 診斷證明	口服	立刻使用	* 1	1.	1.	張	

診察350 藥費 421 治療 344 藥事41 健保申請 1026 合計 1156
 掛號費150 部份負擔 50 ★藥品部份負擔 80★ ★自費: 200★
 ※本次收據共計: 480 元
 醫師:張維仁 藥師:張育豪 調劑日:1130617
 地址:新北市中和區連城路4號1樓 電話:02-22422510



(6) The Medical records on March 7 2024


 已簽章


 已簽章

亞東紀念醫院門診診療紀錄(含用藥)

看診完畢時間：2024-03-07 19:09		卡號：0024		門診科別 一般外科		醫師：許志豪					
病歷號碼：1535712		姓名：林志偉		身份別：<<健保>>		性別：男 出生日：1966-04-14					
Subjective:		20240307 he referred from clinic due to raccoon eye									
Objective:		20240307 PE: raccoon eye but no Battle sign CT scan: No obvious facial bone fracture / Soft tissue hematoma at left forehead and periorbital region.									
Diagnosis:		F29 Unspecified Psychosis Not Due To A Substance Or Known Physiological Condition									
Assessment:		L/W 4cm on scalp left eye contusion bil elbow and knee A/W and contusion									
Plan:		explain CT scan, pain control									
Medication And Examination :											
項次	名稱	用量	單位	頻次	途徑	天	量	單位	重複用藥理由	注意事項	
1	Cataflam 25mg/tab	1.000	粒	TID	口服	3	9	粒	NONE	NONE	
2	Solaxin 200mg/tab	1.000	粒	QID	口服	3	12	粒	NONE	NONE	
項目	健保代碼	健保名稱	檢驗類別	檢體	部位	開單時間	執行時間	註記	狀態	申請單序號	檢驗檢查序號
備註事項：											
1.慢箋記錄: NONE											
2.取消慢箋記錄: NONE											
3.基本病史: NONE											
4.發燒/旅遊史: NONE											
5.重大醫令適應症: NONE											
6.預約回診記錄: NONE											

病歷暨電子病歷管理委員會104年10月14日核備通過

序：1130307300F2180029



病歷號:1535712/姓名:林志偉

1/1

列印時間:2024/6/5