Adventist Health 港安 Hong Kong Adventist Hospital · Tsuen Wan
香港港安醫院・荃灣

PULSE

PULSE - 2021 December 十二月號

A Warm Welcome to Our New Doctors

歡迎口腔頜面外科專科醫生謝均燿醫生及牙科醫生林懿珞醫生加入本院

Dr. Lam Yee Lok
Associate Dentist
牙科林懿珞醫生

Dr. Tse Kwan Yiu, Derek
Specialist in Oral & Maxillofacial Surgery
口腔頜面外科專科謝均燿醫生

We are pleased to welcome the following doctors to Hong Kong Adventist Hospital — Tsuen Wan: Dr. Tse Kwan Yiu, Derek, Specialist in Oral & Maxillofacial Surgery; and Dr. Lam Yee Lok, Associate Dentist.

Dr. Tse Kwan Yiu, Derek graduated from the University of Hong Kong Faculty of Dentistry in 2007, and has worked at the Prince Philip Dental Hospital, United Christian Hospital, Prince of Wales Hospital, Queen Mary Hospital, Tuen Mun Hospital, Queen Elizabeth Hospital, and North District Hospital. After obtaining his fellowship in oral maxillofacial surgery in 2015, Dr. Tse continued to work at Queen Elizabeth Hospital to serve the public. His clinical interests include maxillofacial trauma surgery, orthographic surgery (i.e., jaw corrective surgery), and dentoalveolar surgery. Dr. Tse is honored and privileged to be part of the Hong Kong Adventist Hospital - Tsuen Wan family, and looks forward to providing patient-centered services to facilitate better treatment outcomes.

Dr. Lam Yee Lok, Jasmine graduated from the University of Hong Kong Faculty of Dental Surgery in 2014 and has obtained qualifications including MFDS RCSEd and MFDS RCPS (Glasg). She mainly practices general dentistry and has worked at Pok Oi Hospital, the Department of Health, and other private clinics. Dr. Lam is honored to join the Hong Kong Adventist Hospital - Tsuen Wan family and is excited to be working with the hospital's dental team.

If you have further enquiries or would like to make an appointment, please call or visit our website.

Phone: (852) 2275 6688

Website: http://www.twah.org.hk

謝均燿醫生在2007年畢業於香港大學牙醫學院，他曾於菲臘親王牙科醫院、聯合醫院、威爾斯親王醫院、瑪麗醫院、屯門醫院、伊利沙伯醫院及北區醫院工作。謝醫生於二〇一五年考獲口腔頜面外科專科醫生資格，繼續在伊利沙伯醫院頜面科服務病人。他擅長頜面創傷、正顎手術及牙槽手術。謝均燿表示十分榮幸加入香港港安醫院 - 荃灣，在新工作崗位，他為公眾提供以人為本的方案，以得到更佳的治療效果。

林懿珞醫生在2014年畢業於香港大學牙醫學院，並考獲愛丁堡皇家外科醫學院牙科學系院員及格拉斯哥皇家醫學院牙科學系院員。她曾於博愛醫院、衞生署及私營診所工作，主要提供普通全科牙科治療。林醫生表示十分榮幸成為香港港安醫院—荃灣大家庭的一員，並期待與牙科團隊緊密合作。

如欲預約或查詢，請致電與本院職員聯絡，或瀏覽本院網站。

電話：(852) 2275 6688

網址：www.twah.org.hk

Acute Stroke Diagnostic and Assessment

急性中風診斷及評估

When a patient is suspected to have an acute stroke by our specialist in Emergency Medicine, our team will perform a CT scan of the patient immediately. The patient will undergo priority assessment and diagnosis by a neurologist to determine the eligibility for intravenous tissue Plasminogen Activator (IV tPA). Our team aims to grasp the therapeutic time window to improve the clinical outcome.

Examination Items

- Consultation and Assessment by Neurologist
- Nursing Assessment and Monitoring
- Hemo-Glucometer Test

Diagnostic Imaging

- Chest X-Ray
- Brain CT Scan (Plain) & Stat Report
- Electrocardiogram (Resting) & Stat Report

Laboratory Investigation

- International Normalised Ratio (INR)
- Activated Partial Thromboplastin Time (APTT)
- Complete Blood Count
- Random Glucose
- Renal Function Test
- Liver Function Test

For more information, please refer to the following link: https://www.twah.org.hk/en/services/detail/id/420

Location: 199 Tsuen King Circuit, Tsuen Wan, N.T., Hong Kong
Telephone: (852) 2275 6688

當急症科專科醫生懷疑患者出現急性中風徵兆，本院會迅速為患者安排電腦掃描，由腦神經專科醫生作診斷及評估是否合適血栓溶解劑治療，務求把握治療的黃金時間，減低中風對病人的影響，甚至能拯救病人生命。

檢查項目

- 腦神經專科醫生診斷及評估
- 護理評估
- 血糖滴血測試

診斷影像

- 肺部X光檢查
- 腦部電腦掃描 (平面) 及即時報告
- 靜止心電圖及即時報告

化驗室檢驗

- 凝血酶原時間：國際標準比率
- 活化部分凝血活酶時間
- 全面血球計算
- 隨機血糖測量
- 腎功能檢查
- 肝功能檢查

如欲進一步查詢，歡迎致電或瀏覽以下網址了解詳情：https://www.twah.org.hk/tc/acute-stroke

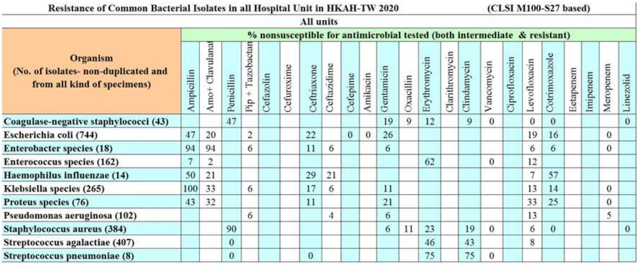
地址：香港新界荃灣荃景圍199號
查詢：(852) 2275 6688

HKAH-TW Antibiogram 2020

香港港安醫院–荃灣 本院抗菌譜 2020

What is an Antibiogram?

An antibiogram is a profile of antimicrobial susceptibilities of a series of organisms. Below is the antibiogram for HKAH-TW based on susceptibility results of various specimens in 2020. The numbers in the table represent the percentage of organism isolates that are intermediate and resistant to a particular antibiotic.



Resistance of Common Bacterial Isolates in all Hospital Unit in HKAH-TW 2020 **(CLSI M100-S27 based)**

All units

Organism (No. of isolates- non-duplicated and from all kind of specimens)	**% nonsusceptible for antimicrobial tested (both intermediate & resistant)**																						
	Ampicillin	Amo+ Clavulanat	Penicillin	Pip + Tazobactan	Cefazolin	Cefuroxime	Ceftriaxone	Ceftazidime	Cefepime	Amikacin	Gentamicin	Oxacillin	Erythromycin	Clarithromycin	Clindamycin	Vancomycin	Ciprofloxacin	Levofloxacin	Cotrimoxazole	Eetapenem	Imipenem	Meropenem	Linezolid
Coagulase-negative staphylococci (43)			47								19	9	12		9	0		0	0				0
Escherichia coli (744)	47	20		2			22		0	0	26							19	16			0	
Enterobacter species (18)	94	94		6			11	6			6							6	6			0	
Enterococcus species (162)	7	2											62			0		12					
Haemophilus influenzae (14)	50	21					29	21										7	57				
Klebsiella species (265)	100	33		6			17	6			11							13	14			0	
Proteus species (76)	43	32					11				21							33	25			0	
Pseudomonas aeruginosa (102)				6				4			6							13				5	
Staphylococcus aureus (384)			90								6	11	23		19	0		6	0				0
Streptococcus agalactiae (407)			0										46		43			8					
Streptococcus pneumoniae (8)			0				0						75		75	0							

Uses and Limitations

Antibiograms guide clinicians to select the best empiric antimicrobial treatments, and are also part of the antimicrobial stewardship program, which aims to detect and monitor antimicrobial resistance trends within our hospital.

Antibiograms should not be relied upon as the sole tool in selecting antibiotic therapy, due to limitations as listed below:

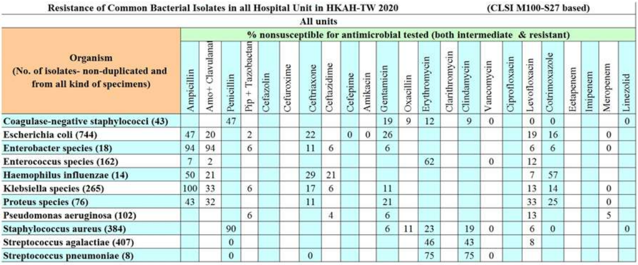
- Minimum inhibitory concentrations (MICs) are not included, hence subtle trends below the resistance threshold (known as "MIC creep") are not reflected.
- Patient factors are not taken into account while resistance patterns may vary by age, underlying medical condition, history of infection, and past antimicrobial use.
- The data only indicates results of single organism-antimicrobial combinations; they neither reflect cross-resistance trends nor synergistic properties of antibiotics used in combination.
- As results are compiled using hospital-wide data, the information should not be generalized to specific patient populations or units.

Source: Clinical Laboratory, Pharmacy and Infection Control Department of HKAH-TW

Antibiograms from other hospitals or clusters are available at the CHP website: https://impact.chp.gov.hk/antibiograms.php

什麼是抗菌譜？

抗菌譜是一系列細菌對不同抗生素的耐藥性的列表。下表是本院的2020年抗菌譜，是根據收集所有類形樣本而作出細菌耐藥性的統計。表中的百分比代表菌株對該種抗生素具抗藥性的比率。



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抗菌譜的用途和限制

抗菌譜能幫助醫護人員選擇適合的抗生素作為經驗性治療。它也是抗生素導向計劃的一部分，用於檢視和監測本院抗生素耐藥性的趨勢。抗菌譜不應用作選擇抗生素治療的唯一工具，因為它有其局限性：

- 不包括最小抑菌濃度（MIC）的數據及及其抗藥性增長趨勢。
- 沒有包含患者因素，而感染耐藥性細菌的機會可能因年齡、潛在身體狀況、感染史和過去使用抗生素的歷史而異。
- 此數據為單一細菌及抗生素組合的結果，資料並未反映交叉耐藥性，或與其他抗生素的協同作用。
- 此抗菌譜根據全院數據編制而成，並不能用作推論特定患者群體或病房的抗菌譜。

資料來源：香港港安醫院 - 荃灣臨床化驗室、藥劑部及感染控制部

其他醫院的抗菌譜可以訪問衛生防護中心網站：

https://impact.chp.gov.hk/antibiograms.php

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