

※ 考生請注意：本試題不可使用計算機。請於答案卷(卡)作答，於本試題紙上作答者，不予計分。

考題分為三大題組：1. 「共同題組」為所有考生必須回答，2. 隨後考生可以根據自己的專長，擇一回答「婦產科題組」或「兒科題組」

一、共同題組：(共40分)

1. 說明何謂實證護理及其對護理專業的影響 (10%)
2. 解釋何謂以家庭為中心的護理 (5%)？並就您在產科或兒科的工作經驗，舉一實例說明如何您運用以此概念於護理過程的四大步驟中(25%)。

二、兒科題組 (60%)

1. 媚媚於 27 週早產，住進本院 NICU。媚媚現在為 30 週，生命徵象穩定，CPAP 使用中。你是他的主護護理師，經評估後計畫讓媚媚接受袋鼠護理，故聯絡母親請其安排時間前來 NICU，但母親表示他尚在坐月子當中，因此無法出門探視媚媚。請依據此狀況回答以下問題：
 - (1) 請說明何為袋鼠護理(Kangaroo care)及其臨床成效 (20%)
 - (2) 你想查詢應用袋鼠式護理於早產兒之臨床成效的實證資料，請寫出此主題之 PICO (10%)
 - (3) 請提出你的照護計畫及預期成果(15%)，以及執行此照護計畫時可能發生之困難及解決策略 (15%)

婦產科題組 (60%) 見下頁

三、婦產科題組 (60%)

1. 王女士，46 歲 因子宮頸癌 Ib2 期，接受根治性子宮切除術和骨盆腔淋巴結摘除手術。現為術後第四天，已進食軟質飲食和下床，目前由先生照護，為了預防術後下肢淋巴水腫，護理人員應該執行那些護理措施和衛教事項? (30%)
2. 張護理師正進行一份有關產程用力的實證文獻探討，某天她搜尋到一篇系統性文獻查證，此文獻主題與摘要如下，根據您所閱讀到主題與摘要，請回答：(1) 請您協助張護理師以 PICO 格式寫出其臨床問題 (10%)，(2) 做一結果總結說明 (10%)，(3) 如何應用結果於臨床照護中 (10%)

Effect of Spontaneous versus Valsalva Pushing in the Second Stage of Labour on Mother and Fetus: A systematic Review of Randomised Trials

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Background Valsalva pushing is frequently used in the second stage of labour, but the evidence for this pushing technique is not clear.

Objectives To critically evaluate any benefit or harm for the mother and her baby of Valsalva pushing versus spontaneous pushing in the second stage of labour.

Search strategy Electronic databases from MEDLINE, EMBASE, CINAHL, and the Cochrane Central Register of Controlled Trials were systematically searched (last search May 2010). The reference lists of retrieved studies were searched by hand and an internet hand search of master theses and dissertations was performed. No date or language restriction was used.

Selection criteria Randomised controlled trials that compared instructed pushing with spontaneous pushing in the second stage of labour were considered. Studies were evaluated independently for methodological quality and appropriateness for inclusion by two authors (MP and JB).

Data collection and analysis The primary outcome was instrumental/operative delivery. Other outcomes were length of labour, any perineal repair, bladder function, maternal satisfaction. Infant outcomes included low Apgar score <7 after 5 minutes, umbilical arterial pH <7.2, admission to neonatal intensive care unit and serious neonatal morbidity or perinatal death.

Main results Three randomised controlled studies covering 425 primiparous women met the inclusion criteria. Women who used

epidural analgesia were excluded in all three studies. No statistical difference was identified in the number of instrumental/operative deliveries (three studies; 425 women; relative risk 0.70; 95% CI 0.34-1.43), perineal repair, postpartum haemorrhage. Length of labour was significantly shorter in women who used the Valsalva pushing technique (three studies; 425 women; mean difference 18.59 minutes; 95% CI 0.46-36.73 minutes). Neonatal outcomes did not differ significantly. Urodynamic factors measured 3 months postpartum were negatively affected by Valsalva pushing. Measures of first urge to void and bladder capacity were decreased (one study; 128 women; mean difference respectively 41.50 ml, 95% CI 8.40-74.60, and 54.60 ml, 95% CI 13.31-95.89).