

※ 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。試題分為斯大試題組：1. 【共同題】，為所有考生必須作答，隨後考生可以依據自己專長，就【產科題組】或【兒科題組】擇一回答。

【共同題組】

1. 過渡期(transition)指個人或環境發生改變時，所產生一種適應過程。個體在人生發展階段，經歷許多過渡期。(1) 請依你所照護的一個對象族群 (例如：嬰幼兒、兒童、青少年、或婦女)，舉一實例說明此照護對象的發展性過渡期的特色 (20%)，(2)以及你所提供的照護措施 (20%)。

請由以下第 2-3 題中，任選一題組作答，請清楚標示題號

【產科題組】

2. 李女士，35 歲，G1P0，懷孕 32 週，診斷為 severe preeclampsia，且出現 HELLP 症候群，住院安胎中，目前血壓為 145-165/ 85-106 mmHg，蛋白尿：150mg/24 hrs 價 (+++)，臉和腳有水腫++，目前使用以下藥物：Adalat, 1# BID, PO, Trandate 1# BID PO, MgSO₄ 200 c.c (2%) run 10ml/hr。李女士說：「我聽人家說，安胎都不可以下床，真的嗎？我好想下床，躺在床上都腰酸背痛；安胎藥物的副作用，讓我很不舒服，安胎孕婦好辛苦，住在醫院不習慣，我先生每天下班後還要來醫院陪我，真是一人生病，三人受苦，我很想回家。或許我回家，血壓可以變好」
- 請回答以下問題：(1)請說明 Adalat、Trandate、MgSO₄ 的藥理作用(特別是針對 preeclampsia 的作用)，以及給藥時護理注意事項 (15%) (2) 根據李女士情況，提出適當照護措施 (15%)

3. 以下是一篇有關產後婦女照護的系統性文獻回顧和統合分析文章之摘要，請根據內容：

(1) 寫出 PICO (10%)， (2)摘錄結果 (10%)， (3)根據此文獻，提出照護措施之應用 (10%)

OBJECTIVE: To evaluate whether early oral intake after cesarean delivery has an effect on gastrointestinal outcomes during postpartum recovery.

DATA SOURCES: Electronic searches of published studies between 1980 and 2011 were conducted using PubMed, Medline, CINAHL, Clinical Trials.gov, and Airtiti databases.

METHODS OF STUDY SELECTION: Randomized controlled trials (RCTs) and nonrandomized trials were included. Data were extracted in a systematic manner and the quality of each study was appraised independently by two reviewers. Meta-analyses were conducted only for RCTs using the RevMan5.

TABULATION, INTEGRATION, AND RESULTS: Seven-teen studies met eligible criteria and were retrieved, including 14 RCTs and three non-RCTs. The majority of early oral intake was provided within 6–8 hours after cesarean delivery. Early oral intake was significantly related to the return of gastrointestinal functions compared with delayed oral intake (bowel sounds –9.2 hours; passage of flatus –10 hours; bowel evacuation –14.6 hours). Early oral intake did not significantly increase the occurrence of gastrointestinal complications compared with delayed oral intake after cesarean delivery (ileus symptoms 18.7% compared with 18%, odds ratio [OR] 0.98; vomiting 5% compared with 5.5%, OR 0.9; nausea 10.3% compared with 10.3%, OR 1.03; abdominal distention 9.3% compared with 11.6%, OR 0.82; diarrhea 3.4% compared with 5%, OR 0.62).

CONCLUSION: Early oral intake after cesarean delivery improves the return of gastrointestinal function and does not increase the occurrence of gastrointestinal complications. A clinical implication based on the findings of the current evidence is proposed. (Obstet Gynecol 2013;121:1327–34)

【兒科題組】

2. 王小明，8 歲男孩，骨髓穿刺結果確定為 Acute Lymphoblastic Leukemia (ALL)，醫師與家屬討論後預計明天幫小明開刀裝 port-A，並於開刀後三天進行第一次化療，小明只知道自已生病需要打針治療，並不清楚詳細診斷。請就此案例分析此診斷對小明及其家庭造成的衝擊、影響(15%)及評估兒童與家屬的需求，確立其護理問題及提出具體重要護理措施(15%)。

3. 請閱讀以下文獻後，回答下列相關問題：

文獻題目：What matters to the parents? A qualitative study of parents' experiences with life-and-death decisions concerning their premature infants. *Nursing Ethics*, 9(4), 388-404.

- A. 請說明本研究的主要結果。(15%)
- B. 您如何將此研究結果應用於臨床照護?(15%)

The aim of this article is to generate knowledge about parents' participation in life-and-death decisions concerning their very premature and/or critically ill infants in hospital neonatal units. The question is: what are parents' attitudes towards their involvement in such decision making?

A descriptive study design using in-depth interviews was chosen. During the period 1997-2000, 20 qualitative interviews with 35 parents of 26 children were carried out. Ten of the infants died; 16 were alive at the time of the interview. The comparative method (grounded theory) was used to analyse the data. The analysis was carried out continuously and in parallel with data collection.

Six categories were revealed by the analysis: indecision and uncertainty (ambivalence); information and communication; participate, but do not decide; seeming to be included; the parents' child; and individual consideration.

The findings appear to indicate that parents agree that they should not have the final word in decisions concerning their infants' future life or death. Such a responsibility would put too heavy a burden on parents who lack the medical knowledge and the professional experience needed to make such a decision, and would be likely to lead to them experiencing strong feelings of guilt. The findings show that parents should be well informed and listened to during the whole decision-making process. Their primary concern was how nurses and physicians communicate with parents who are experiencing a crisis, and how this serious information is presented.