

※ 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。

一、案例: (50%)

王先生，70 歲，診斷有第二型糖尿病、高血壓、血脂異常、冠狀動脈疾病、高尿酸血症、心衰竭(左心室射出率=23%)及診斷慢性腎臟疾病 IIIb。2018 年 11 月因為呼吸喘、咳嗽及下肢水腫三價等症狀住院治療二周，出院後沒幾天，其雙下肢又逐漸水腫，且伴隨著咳嗽、呼吸困難、腹痛等情形，故再次入院，除心衰竭惡化外，並診斷有急性膽囊炎目前已控制。個案育有 2 女 2 子，與太太跟小兒子同住，為家庭決策者。小兒子經營一家海產店，個案與案妻在身體狀況好時會去幫忙。案妻 66 歲，在入院期間為個案的主要照顧者，但患有心血管、腸胃道疾病及糖尿病等疾病，經常躺在陪客床睡覺，她表示自己也常住院，都是個案在旁陪伴與照顧，不想麻煩孩子。

請依照上述案例，回答以下問題:

1. 王先生可能有哪些現有或潛在的護理問題?請提出您的分析論點。(15 分)
2. 請根據您所提出的問題，指出須再收集哪些相關資料，以釐清或支持您的分析?(15 分)
3. 您認為在照顧王先生時，面臨最大的挑戰可能是甚麼?您為何認為此問題最具挑戰性?您該如何處理?(15 分)
4. 就問題 3 所提出之挑戰，若您要為王先生進行實證照護解決該挑戰性問題，您會以那些關鍵字，在哪些資料庫尋找相關資料?(5 分)

二、護理研究結果分析與應用: (50%)

Does the Awareness of Terminal Illness Influence Cancer Patients' Psycho-spiritual State, and Their DNR Signing: A Survey in Taiwan

Objective

The aim of the study was to explore the relationships between truth telling, patients' psycho-spiritual state and do not resuscitate consent.

Methods

Cancer patients who had consulted with hospice care at a medical center in Taiwan were approached. Patients excluded from the study included those who were unable to give informed consent, not well enough to complete the questionnaire survey, would be discharged within 24 h or who could not communicate in Chinese or Taiwanese. The 90 patients recruited for the study were grouped according to their awareness of their terminal prognosis ('aware' or 'unaware'). A structured questionnaire was used for data collection, including

questions on uncertainty, the Hospital Anxiety and Depression Scale and the Spiritual Well-being Scale.

Results

Truth telling reduced cancer patients' uncertainty ($p = 0.023$) and anxiety ($p = 0.005$), and did not affect their state of spiritual well-being ($p = 0.868$). Before hospice referral, patients aware of their prognosis were more likely to sign the do not resuscitate consent ($p = 0.040$). In the aware group, 28% signed the do not resuscitate themselves, whereas in the unaware group, only 5% signed the do not resuscitate themselves ($p = 0.031$). The median time between signing the do not resuscitate and death was 29 days in the aware group and 16 days in the unaware group. Data revealed that 82% of the aware group died having given their do not resuscitate consent and did not receive a vasopressor or intubation, whereas only 52% of the unaware group died in this manner.

Conclusions

Truth telling can reduce cancer patients' uncertainty and anxiety. Patients aware of their prognosis tended to sign the do not resuscitate consent willingly and had more dignified and peaceful deaths.

請根據上述研究摘要敘述回答以下問題(請用中文且自己融會貫通後的話語呈現)

1. 請問研究目的為何(5%)
2. 請問研究對象為何?(5%)
3. 請問此研究的研究設計或方法為何?(5%)
4. 請問此研究用來收集資料的研究工具有哪些?(5%)
5. 請說明此研究主要的研究結果?(15%)
6. 請說明您會如何應用此研究結果於臨床實務工作?(15%)