※ 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、

莊先生 70 歲，已婚。過去病史有酒精性相關的肝硬化。過去曾經肝癌開刀過。主訴本次於一個月以來陸陸續續覺得全身無力，肚子脹痛，肚子感覺越來越大，這幾天大便變得比較深黑，小便很少，感覺會有點喘。今早(2018.06.26)自覺不適送到醫院，TPR: 36.6,78, 20; BP 85/43 mmHg，Lab data 顯示 Hyperkalemia (K=7.4), Cr=5.61 (2018/4/27 Cr:1.61) anemia (Hb=6.7), prolonged PT(PT (INR) was 3.99) and hyperbilirubinemia(Bil-T=11.7)。CXR showed no obvious pneumonia patch. NO any changes in the CXR. U/A was clear，尿蛋白 150 mg/day，尿液紅血球 5 顆。有腹水且腹水分析結果顯示多型核白血球（polymorphonuclear leucocyte, PMN）為 400 cells/mm^3。病人本來有在使用利尿劑，但已經停止 3 天了且有注射白蛋白。診斷為肝腎症候群(Hepatorenal syndrome，HRS)。

檢驗名稱	2018/4/27	2018/6/26
K	5.2	7.4
NA	134	128
BUN	31	50
CREA	1.61	5.16
eGFR	44	11
AST	46	未抽
ALT	26	未抽
BIL-T	12.6	11.7
ALBUMIN	2.9	未抽
CA	未抽	9.2
P	未抽	4.9

請問：

1.從上述哪些資料來判斷肝腎症候群?(10 分)

2.在健康問題上，可能有哪些問題? (20 分)

3.針對健康問題，可以介入的照護策略為何?(20 分)

編號： 311

國立成功大學 109 學年度碩士班招生考試試題

系　　所：護理學系

考試科目：成人護理學

第 **2** 頁，共 **3** 頁

考試日期：0211，節次：2

二、

Acute Respiratory Distress Syndrome in Patients Discharged From a Tertiary Hospital in Taiwan

Long-Term Survival and Prognostic Factors

Hui-Chuan Chen ▼ Huey-Dong Wu ▼ Hsiang-Wen Liu ▼ Hong-Jer Chang ▼ Ming-Der Lee ▼ Pei-Yu Huang ▼ Ping-Hung Kuo

Background: Acute respiratory distress syndrome (ARDS) carries significant morbidity and mortality. No previous studies have investigated the long-term outcomes of ARDS patients in Taiwan.

Objective: This study aimed to investigate the survival of ARDS patients after discharge from the hospital in Taiwan.

Methods: Medical records from 150 ARDS patients discharged alive from the intensive care unit from January 2004 to June 2009 were reviewed. Survival of these patients was followed for 5 years, and prognostic factors were identified.

Results: Cumulative survival rates were 81.4% at 6 months, 79.0% at 1 year, 67.2% at 2 years, and 45.7% at 5 years. Independent prognostic factors influencing both 1- and 5-year survival rates were age, previous lung disease, and disposition after discharge. For 5-year survival, renal disease was also an independent risk factor.

Discussion: The mortality rate of ARDS survivors after intensive care unit discharge is still high in Taiwan. Three independent risk factors were found to affect the overall survival of these patients.

Key Words: acute respiratory distress syndrome ● adults ● intensive care ● length of stay ● renal disease ● survival analysis

1. 請簡述上述研究的重要發現 10%

TABLE 3. One-Year Survival: Univariate and Multivariate Cox Proportional Hazards Models[a]

Predictor[b]	Univariate			Multivariate		
	Crude HR	95% CI	p	Adjusted HR	95% CI	p
Age (years)						
<65	1			1		
≥65	5.69	[2.16, 14.98]	<.001	3.92	[1.46, 10.52]	.007
Previous lung disease						
No	1			1		
Yes	2.61	[1.15, 5.92]	.02	2.75	[1.18, 6.41]	.02
Renal disease						
No	1					
Yes	2.24	[1.03, 4.86]	.04			
CCI (at discharge)	1.19	[1.03, 1.38]	.02			
Discharge disposition						
Home	1					
RCW	5.11	[2.32, 11.27]	<.001	3.80	[1.66, 8.68]	.002

Note. $N = 150$. All *HRs* shown indicate greater risk of death. APACHE II = Acute Physiology, Age, and Chronic Health Evaluation II; ARDS = acute respiratory distress syndrome; CCI = Charlson comorbidity index; CI = confidence interval; Cst = static compliance; ECMO = extracorporeal membrane oxygenation; *HR* = hazard ratio; ICH = intracranial hemorrhage; ICU = intensive care unit; PEEP = positive end-expiratory pressure; Ppause = plateau pressure; RCW = respiratory care ward. [a]The table shows significant factors only. A complete table of results is available in the Table, Supplemental Digital Content 1, http://links.lww.com/NRES/A149. [b]Variables included in the analysis with nonsignificant hazard ratios in both models were gender, smoker, neurological/psychiatric disorder, congestive heart failure or coronary artery disease, diabetes mellitus, severity of ARDS, cause of ARDS, Charlson comorbidity index score on admission, hospital length of stay, ICU length of stay, PEEP in first week after onset, Cst I first week after onset, Ppause in first week after onset, PaO$_2$/FiO$_2$ in first week after onset, days on mechanical ventilation, ICU-acquired illness, APACHE II in the ICU, post-ARDS tracheostomy (during hospital stay), ECMO, high-frequency oscillatory ventilation, inhaled NO, prone positioning, and disposition after discharge (nursing home).

2. 請說明 Table 3 出院後一年存活率的結果　20 分

3. 請說明應用 Table 3 的結果，如何給予病人或家屬出院護理指導　20 分