※ 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。

---

1. 近三年為響應聯合國政策及反映實務狀況或社會現象，政府推動許多婦幼健康或兒童保護政策，請任舉其中一項政策說明背後其歷史背景或現象問題（5%）、分析問題的成因及相關因素（5%），新政策的內容（10%）對目標族群（Target population）或其他利益相關者（stakeholders）可能的影響（10%）。

> 請由以下第 2-5 題中任選**兩題**作答，請清楚標示題號及次標題號

2. 請閱讀以下摘要，回答下列問題：

(1) 請簡述此研究主要目的與結果（10%）

(2) 請列出相關的實證問題（10%）

(3) 請說明此結果如何應用於您的臨床實用或政策改變（15%）

> **Aim:** To analyze the use of health services for children with severe chronic diseases, seeking to identify patterns of use according to sociodemographic and clinical conditions, and to identify unmet needs of care coordination that could benefit from nursing case management services.
> **Design:** Cross-sectional study.
> **Methods:** Children treated in ambulatory and hospital care in Granada, Spain, with complex chronic diseases in 2016 were analyzed to determine their use of healthcare resources. Socioeconomic variables were evaluated, along with clinical status and duration of their conditions.
> **Results:** In total, 265 children were analyzed (mean age 7.3 years, SD 4.63; 56.6% male). The average duration of the disease was 63.26 months (SD 54.09). The most common types of disease were neurological (35.80%), congenital (23.90%), and oncological (18.90%). Multivariate analysis showed that children in need of advanced care ($\beta = 0.71$), with a relatively recent diagnosis ($\beta = -0.11$), with criteria for palliative care 1 ($\beta = -0.26$), and whose mothers were older ($\beta = 0.36$) and had a higher educational level ($\beta = 0.19$) made greater use of healthcare resources during the preceding 12 months, whether urgent or scheduled ($r^2 = 78.0\%$, $p < .001$).
> **Conclusions:** Children with higher needs for advanced care have a heterogeneous use of healthcare resources depending on certain clinical and sociodemographic determinants. This finding highlights the importance of the identification of profiles of children and families for care coordination. The presence of sociodemographic determinants may need individualized approaches to assure a timely health care utilization.
> **Clinical Relevance:** A significant proportion of the children used multiple health services, being treated at several centers simultaneously, and producing up to 139 total yearly contacts with the health system. Policymakers, healthcare providers, and patients' families should engage in a redesign of healthcare services for these children, providing comprehensive and coordinated systems of care for this population.

3. 小芳今年 16 歲，因在家突然暈眩倒地，家人開車送至急診。至急診小芳已清醒，GCS：E4V5M6，Muscle power：4 分。外觀清瘦且精神差，量測體重 38 公斤，身高 154 公分，生命徵象：體溫 35.5℃、心率 45 bpm、呼吸速率 22 bpm、血壓 98/60 mmHg，因心率過低作心電圖檢查顯示 sinus bradycardia of 40 bpm。家庭評估結果顯示小芳在家排行老么，上有一位哥哥二個姊姊，除了大姐有輕微躁鬱症外，沒有其他家族病史。小芳的父親較為嚴肅、不太與人親近，母親為主要照顧者，個性較神經質和急躁。母親代訴小芳從國中開始就很在意自己的身材並控制飲食，起初家人不以為意，但後來進食量愈來愈少，母親非常緊張常常強制小芳進食而發生衝突。近兩個月媽媽發現小芳不僅停經，也常常健忘且發生暈眩的情形。

(1) 您認為小芳可能的鑑別診斷為何？（5%）

(2) 還需要搜集哪些主客資料幫助您鑑別診斷？（15%）

(3) 針對此問題，您具體的護理計劃與措施為何？（15%）

4. 許護理師正在針對產後媽媽睡眠問題進行文獻探討，請根據此篇文章之內容回答下列問題。

(1) 請說明本研究的主要發現（15%）

(2) 請根據此文獻，提出臨床照護建議（20%）

OBJECTIVE:

This study's purpose is to examine relationships between self-reported sleep quality, actigraphy data, and depressive symptoms in a sample of women at 6 and 12 weeks postpartum.

METHODS:

This secondary analysis of data from a randomized controlled trial (RCT) of a behavioral sleep intervention measured sleep with actigraphy and self-report. Self-reported measures included the General Sleep Disturbance Scale (GSDS) and mothers' reports of their sleep as a "small/big/no" problem. Depression was measured with the Edinburgh Postnatal Depression Scale (EPDS). Control variables included group allocation, baseline EPDS, and social support. Logistic regression estimated the association between self-reported and actigraphic measures of sleep and the presence of postpartum depressive symptoms. Separate models estimated the odds of depression according to each sleep variable.

RESULTS:

In 217 first-time mothers, GSDS scores in the last week of pregnancy were not related to depression; however, GSDS scores at 6 weeks postpartum were associated with > 3 times the odds of depressive symptoms (OR = 3.56; 95% CI = 1.73-7.33) at either 6 or 12 weeks postpartum. The perception that sleep was a "small" or "big" problem at 6 weeks was associated with > 3 (OR = 3.40; 95% CI = 1.54-7.46) and > 8 (OR = 8.29; 95% CI = 2.41-28.59) times the odds of depressive symptoms at either 6 or 12 weeks, respectively. Significant associations between actigraphic sleep measures and depressive symptoms were not found.

CONCLUSION:

Self-reported sleep quality is strongly associated with postpartum depressive symptoms. Sleep concerns may be an important clinical indicator of low mood in the postpartum period. Future intervention studies to improve mood could target sleep concerns via cognitive-behavioral strategies.

5. 黃太太，36 歲，G2P1，現懷孕 30 週，在家肚子緊繃不適且陰道粉紅色分泌物增加，而至急診求治。檢查結果顯示其宮縮每 6-7 分鐘一次，持續 30-45 秒，壓力為 40-60mmHg，子宮頸口開 1 公分，醫師診斷為 preterm labor，安排住院安胎。住院期間曾分別以 Ritodrine(Yutopar), MgSO4 與 Nifedipine (Adalat)來抑制早期宮縮的情形。住院期間黃太太除了擔心早產外，也經常述說諸多生、心、社會等層面的不適與擔憂：「我也好想安到足月，但是我真的躺到全身痠痛，我媽叫我要多吃一點把寶寶養大一點，但是我吃一點點就脹氣，加上便祕越來越嚴重了，我也不太敢用力解便，很怕我一用力就把小孩生出來了……我覺得這段時間自己變得好沒有用，甚麼都要依賴別人，而且我住院住到我大兒子都快不認識我了….我老公跟我說他都快要去借錢來給我住院了。」

(1) 請說明 Ritodrine(Yutopar), MgSO4 與 Nifedipine (Adalat)安胎藥物的藥物作用為何？以及給藥護理注意事項（15%）

(2) 請根據黃太太的情況，確立其照護重點與提出具體重要的照護措施（20%）