

1. 請分析台灣現行之人口結構、家庭型態、醫療照護模式及社會特質等因素，說明產科護理或兒科護理（以上任選其一）未來發展之重點與趨勢（30%）

請由以下第 2-3 題中選一題，第 4-5 題中選一題作答，需清楚標示題號及次題號

2. 請閱讀以下文章，並回答下列問題

Over the past 20 years, there has been a movement toward the practice of evidence-based health care. Researchers and clinicians realize that the decision to apply research findings to actual health care settings is often quite complex. Amid variations in available human and facility resources, considerations to costs, overriding clinical opinions among influential practitioners, and even consumer preferences, the most important first step toward improving care based on research is to ensure careful evaluation of the quality of pertinent studies. (摘自 Editorial. (2004). Systematic Reviews of Research. *Journal of Obstetric and Gynecologic and Neonatal Nursing*, 33, 409)

- (1) 簡譯上文內容 (10%)
- (2) 闡述如何運用實證護理的概念於剖腹產產婦的術後評估及護理(25%)

3. 請閱讀以下文章，並回答下列問題

Mothers' experiences raising young children with type 1 diabetes

ISSUES AND PURPOSE: To examine the day-to-day experiences of mothers raising children 4 years of age and younger with type 1 diabetes. **DESIGN AND METHODS:** The descriptive design compared mothers of children with (n = 25) and without diabetes (n = 25). Mother-child observations were completed for children with diabetes. **RESULTS:** Mothers of children with diabetes are very skilled in reading their children's behavioral cues. Mothers' concerns included the fear of hypoglycemia and seizure activity, access to daycare centers, and babysitting services capable of caring for their children's condition. These responses significantly differed from the control group mothers. **PRACTICE IMPLICATIONS:** Nurses can affirm that hypoglycemia-related fears are normal

(背面仍有題目,請繼續作答)

and help mothers identify community resources that might ease the burden of care required, especially during the early post-diagnosis period. (*Journal for Specialists in Pediatric Nursing*: 7(3):93-103, 2002.)

- (1) 簡譯上文內容 (10%)
 - (2) 請參考以上研究結果, 試舉一例您曾照顧之小兒慢性疾病 (若為 Type I diabetics 更佳) 個案家庭, 分析其所面臨之困境及調適, 以及護理上如何提供適當的協助 (25%)
4. 林女士, 36 歲, 妊娠史為 G₃P₀SA₂。懷孕 19 週, 因羊膜穿刺後發現胎兒為三染色體 18 症 (Trisomy 18) 而接受人工流產。術後林女士常保持沈默, 回答時表情冷漠。當問到對流產的感覺時, 林女士語帶哽咽表示期待這一胎很久, 之前先生罹患癌症接受治療故採避孕。最近先生病情緩解而嘗試懷孕。她一直認為這個孩子是等著來作他們的孩子, 可是他們卻得選擇流掉它。針對上述情況, 回答以下問題。
- (1) 請依據一壓力理論評估林女士目前所經歷的壓力源, 並提供林女士可採取的壓力因應措施 (15%)
 - (2) 根據優生保健的概念, 請提出您對林女士生育計畫的評估項目及諮詢重點 (20%)
5. 小兒發燒是父母尋求醫療資源最常見的原因, 根據 Schmitt (1980) 研究 81 位父母對發燒的溫度、後遺症、擔憂、處置及資訊來源, 發現父母有許多迷思及擔心而將之命名為恐燒症 (fever phobia)。雖醫學上定義核心溫度超過 38°C 為發燒, 然研究指出父母的發燒概念不單包括溫度高低, 還有其他的因素可能加深父母的憂慮, 而採取更積極的醫療。依據上文所述, 請回答以下問題
- (1) 請根據臨床上之觀察, 分析小兒發燒對父母所造成之衝擊及其影響因素 (15%)
 - (2) 請以『護理過程』方式呈現, 針對以上情況如何提供合宜之護理 (20%)