

本試題是否可以計算機：可使用，不可使用（請命題老師勾選）

I. 臨床個案護理問題解析：(50%)

張醫師，已婚育有兩子（一歲及三歲），目前正在某區域醫院擔任外科醫師，一年前因為一次針扎事件意外發現自己的HIV呈陽性反應，自行抽血檢查發現CD4細胞數約225 cells/mm³，且未曾告訴任何人。今年新年過後張醫師一直有腹瀉狀況，口腔反覆出現念珠菌感染，食慾漸差，體重在一個月內從72降至63公斤。因慢性咳嗽一個多月，今天因呼吸喘、咳痰有血絲及高燒（38.6°C），隨即被家人勸說並送至急診，在急診照胸部X光片之後顯示兩側肺部浸潤及右上肺葉有空洞，呼吸喘O₂ 3 liter 使用，急診時SaO₂ 92%，診斷疑似為開放性肺結核合併肺孢子囊蟲肺炎（Pneumocystis carinii pneumonia, PCP），隨即住院隔離並安排檢查及治療。急診醫師抽血檢查HIV，病毒量及痰液檢查，發現張醫師HIV ELISA(+)，Western blot 結果尚未出來，CD4細胞數僅有85 cells/mm³，三天後痰液檢查發現AFS+++。

面對家人及同事的關切與詢問，張醫師不知道如何跟家人、醫院同仁及主管解釋住院的理由。

問題

1. 請依據上述個案臨床狀況及其身、心、社會、發展及靈性等面向，依據臨床問題之重要性，排序其優先順序並說明理由，分別列出張醫師面臨的三個主要健康問題，並舉出還需收集哪些主客觀資料用來協助您確認個案之健康問題，來提供個案整體性、個別性及連續性的護理。30%

請依據重要性，依序列出病患的健康問題 (請直接陳述病患的問題，不須以護理診斷為唯一的依據)	說明您的臨床判斷及排序其優先順序的理由	還需收集哪些主客觀資料

2. 關於職業場所的意外暴觸的處理，張醫師在針扎之後，意外暴觸之後的正確處理流程為何？10%

3. 您認為張醫師對於疾病告知的考慮及周遭親密接觸者的評估，請依照優先順序列出應考慮哪些人，並說明理由？10%

(背面仍有題目,請繼續作答)

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II. 護理研究的應用（50%）

Chen, Y. C., Chou, S. S., Lin, L. H., & Wu, L. F. (2006). The effect of intermittent nasogastric feeding on preventing aspiration pneumonia in ventilated critically ill patients, *Journal of Nursing Research*, 14(3), 167-179.

Abstract:

This randomized, controlled study employed two feeding protocols for 107 participants in two intensive care units (ICUs) of a medical center to investigate the efficacy of intermittent nasogastric (NG) feeding in preventing aspiration pneumonia in critically ill patients on ventilators. The participants were randomly assigned to receive continuous (51 patients) or intermittent (56 patients) feeding. The primary outcomes, including gastric emptiness index and pulmonary aspiration index, were examined on Day 0 and Day 7 of the intervention. In addition, patients were followed up to the 21st day to evaluate the secondary outcomes, which included length of stay (LOS) in the ICU and airway status. The results showed that the patients in the intermittent feeding group had a higher total intake volume at day 7 ($P = .000$), had been extubated earlier at Day 21 ($P = .002$), and had a lower risk of aspiration pneumonia (odds ratios: 0.146, 95% CI = 0.062-0.413, $P = .000$) than the patients in the control group. Participants being treated with a high dose of dopamine were 2.95 times more likely to get aspiration pneumonia than those receiving a low dose of dopamine (95% CI = 1.076-8.107, $P = .035$). However, there was no significant difference between the two groups' LOS. The results of this study provide evidence that clinical caregivers may use to make better decisions in terms of feeding methods for critically ill patients.

1. 請說明本文主要的研究目的為何（10%）？重要的研究結果為何？（10%）
2. 請說明 randomized controlled study 代表的意義為何？（10%）
3. 如何應用此研究結果於臨床照護工作？（20%）