

系所組別：護理學系甲組

考試科目：成人護理學

考試日期：0307，節次：2

※ 考生請注意：本試題 可 不可 使用計算機

一、臨床上有各種不同的護理表單紀錄，包括入院護理記錄、每日護理記錄、護理問題表、護理計畫表、臨床路徑表單、各式衛教表單…請統整說明各式護理紀錄表單對臨床照護之意義與限制。(30%)

二、林小姐 32 歲，為類風濕性關節炎患者，長期服用類固醇控制，手部及腳部關節已變型，行動不便，有一外庸協助日常生活活動。此次因為頭昏不適，全身無力虛弱入院檢查。入院時護士填寫入院紀錄時發現，皮膚蒼白，上下床皆須協助，腹部脹氣，有長期便秘狀況；近日食慾較差，每餐只能吃不到醫院送來餐點的 1/3。根據上述初步觀察到的訊息，請寫下護理的重點問題，及需進一步確認或預防的問題。(30%)

三、請仔細閱讀下列英文摘要及表格，並回答下述問題 (40%)

1. 請用 APA 第五版的格式書寫下列參考文獻 5%
2. 列出此研究的三個關鍵字 5%
3. 請簡述此研究介入的護理措施為何? 5%
4. 此研究的成效指標為何? 5%
5. 此研究的重要結果為何? 10%
6. 此研究結果對於臨床護理照顧的應用? 10%

**Effects of nurse-delivered home visits combined with telephone calls on medication adherence and quality of life in HIV-infected heroin users in Hunan of China**

Honghong Wang, Jun Zhou, Ling Huang, Xianhong Li, Kristopher P Fennie and Ann B Williams

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**ABSTRACT**

**Aims and objectives.** This study aimed to examine the effects of nurse-delivered home visits combined with telephone intervention on medication adherence, and quality of life in HIV-infected heroin users.

(背面仍有題目,請繼續作答)

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**Background.** Drug use is consistently reported as a risk factor for medication non-adherence in HIV-infected people.

**Design.** An experimental, pretests and post-tests, design was used: baseline and at eight months.

**Methods.** A sample of 116 participants was recruited from three antiretroviral treatment sites, and 98 participants completed the study. They were randomly assigned to two groups: 58 in the experimental group and 58 in the control group. The experimental group received nurse-delivered home visits combined with telephone intervention over eight months, while the control group only received routine care. The questionnaire of Community Programs for Clinical Research on AIDS (CPCRA) Antiretroviral Medication Self-Report was used to assess levels of adherence, while quality of life and depression were evaluated using Chinese versions of World Health Organization Quality of Life Instrument – Abbreviated version (WHOQOL-BREF) and Self-rating Depression Scale, respectively. Data were obtained at baseline and eight months.

**Results.** At the end of eight months, participants in the experimental group were more likely to report taking 100% of pills (Fisher's exact = 14.3,  $p = 0.0001$ ) and taking pills on time (Fisher's exact = 18.64,  $p = 0.0001$ ) than those in the control group. There were significant effects of intervention in physical ( $F = 10.47$ ,  $p = 0.002$ ), psychological ( $F = 9.41$ ,  $p = 0.003$ ), social ( $F = 4.09$ ,  $p = 0.046$ ) and environmental ( $F = 4.80$ ,  $p = 0.031$ ) domains of WHOQOL and depression ( $F = 5.58$ ,  $p = 0.02$ ).

**Conclusions.** Home visits and telephone calls are effective in promoting adherence to antiretroviral treatment and in improving the participants' quality of life and depressive symptoms in HIV-infected heroin users.

**Relevance to clinical practice.** It is important for nurses to recognise the issues of non-adherence to antiretroviral treatment in heroin users. Besides standard care, nurses should consider conducting home visits and telephone calls to ensure better health outcome of antiretroviral treatment in this population.