

1. 【護理情境】一位剛滿1個半月之男嬰凌晨從急診入院，病童母親主訴這是她的第一胎，寶寶是足月產且出生時都正常，只有在出生後第三天因黃疸值達15mg/dL，照光兩天後黃疸值下降即回家。滿月時帶病童搭高鐵回南部老家1個禮拜辦滿月酒。此次入院是因為從昨天下午兩點左右，病童開始有發燒、食慾不佳、嗜睡之情形，昨天傍晚曾帶到小兒科診所看過，診所醫師開了退燒藥塞劑和一些口服藥水，昨天晚上10點因為覺得寶寶熱熱的，用耳溫槍幫他再量一次耳溫，結果為38.9°C，因此塞過一次退燒藥，大約一小時左右降到37.6°C。但半夜3點時感覺病童又燒了起來了，量體溫是38.5°C，而且都不喝奶、一直睡，因此送到急診求醫。

男嬰在急診時量體溫38.7°C，又給予一次口服退燒藥後，立即直接轉入您的病房。到病房時體溫38.5°C，心跳130次/分，呼吸30次/分，聽診呼吸音clear，男嬰顯得嗜睡、活動力差，手和腳都涼涼的。值班醫師診視病人後囑蒐集檢體：CBC, BCS, CRP, blood culture, urine routine, urine culture, 並預做lumbar puncture 收集CSF routine, CSF culture。

母親得知男嬰需做這麼多檢查時哭了，父親在旁邊不斷安慰她，兩人對於lumbar puncture很擔心，表示是否可以做其它檢查就好，不要做這一項，怕造成病童很大的傷害，此外，父母也一直問男嬰一直在發燒會不會怎樣？可不可以再給他退燒藥？針對男嬰父母親的擔憂及要求，請您回答下列問題：

- (1). 請寫出發燒之機轉(10%)；
 - (2). 發燒對疾病及病人之影響，您會提供哪些護理照護?(10%)；
 - (3). 您會提供父母親哪些護理照護？這些照護背後的原理為何?(10%)。
2. 請閱讀期刊摘要(請見背面)Therapeutic play intervention on children's perioperative anxiety, negative emotional manifestation and postoperative pain: a randomized controlled trial，並說明：
- (1). 此研究之研究對象為何?(2%)；
 - (2). 研究之變項中自變項與依變項各包含哪些?(10%)；
 - (3). 研究結果為何?(8%)
3. 依據我國「2013年國民營養健康狀況變遷調查」，成人過重及肥胖盛行率38.3%，其中男性比率為45.9%、女性比率為33.1%。依據教育部學生健康檢查資料結果顯示，100年國小學童過重及肥胖比率為29.4%，其中男童為33.2%、女童為25.1%；100年國中生過重及肥胖比率為29.7%，其中男生34.7%、女生24.2%。
- (1). 請說明兒童及青少年過重及肥胖問題，所帶來的健康衝擊與影響；(10%)
 - (2). 請闡述兒童照護之健康促進模式中護理人員可扮演的角色功能?(10%)
 - (3). 護理師如何進行跨領域合作，落實衛福部之肥胖防治策略?(10%)
4. 萱萱現年10歲，120公分，20公斤，她自4歲即確立診斷罹患氣喘病，長期規律接受診療與追蹤。她於症狀控制良好期間，個人最佳的尖峰呼氣流速值(peak expiratory flow, PEF)為200公升/分。這段期間正逢強烈寒流來襲，萱萱連續二天出現夜間咳嗽、胸悶不適、睡眠中斷。昨晚睡前測得尖峰呼氣測量PEF值為165公升/分，今天上午再測量值為135公升/分，且得知她過去四週的Asthma Control Test (ACT)自我評估分數為18。針對萱萱的健康狀況，回答以下問題：
- (1). 由PEF及ACT的評估，代表萱萱氣喘控制狀況為何?(4%)
 - (2). 二次尖峰呼氣流速值的評核結果，分別在那一區？變異度為何?(6%)
 - (3). 針對上述資料，您會提供那些護理評估與處置?(10%)



ORIGINAL RESEARCH: CLINICAL TRIAL

Therapeutic play intervention on children's perioperative anxiety, negative emotional manifestation and postoperative pain: a randomized controlled trial

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Abstract

Aim. To examine if therapeutic play intervention could reduce perioperative anxiety, negative emotional manifestation and postoperative pain in children undergoing inpatient elective surgery.

Background. Children undergoing surgery commonly experience anxiety and postoperative pain and exhibit negative emotional manifestations. Previous studies have shown inconsistent conclusions about the influence of therapeutic play on children's perioperative anxiety, negative emotional manifestation and postoperative pain.

Design. A randomized controlled trial was used.

Methods. Suitable children were recruited from November 2011–August 2013. They were randomized to receive either routine care (control group, $n = 47$) or a 1-hour therapeutic play intervention (experimental group, $n = 48$). Children's state anxiety, negative emotional manifestations and postoperative pain were measured at baseline, on the day of surgery and around 24 hours after surgery. Repeated measures analysis of covariance (ANCOVA) and univariate ANCOVA adjusting for all possible confounding factors were used in the data analysis.

Results. The time effect of state anxiety was significant, but no group and interaction (group \times time) effects between the control and experimental groups were found. Compared with the control group, children in the experimental group demonstrated significantly lower scores of negative emotional manifestations prior to anaesthesia induction and postoperative pain.

Conclusions. Therapeutic play intervention is effective in reducing negative emotional manifestations before anaesthesia induction and in reducing postoperative pain in children undergoing inpatient elective surgery. These results suggest that it is useful to give children with therapeutic play intervention prior to inpatient elective surgery.