

國立成功大學

113學年度碩士班招生考試試題

編 號：287

系 所：護理學系

科 目：成人護理學

日 期：0202

節 次：第 2 節

備 註：不可使用計算機

※ 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。

一、請閱讀以下英文摘要，回答以下問題：

1. 根據摘要，請寫下至少 2 項應具備的背景問題(知識) (15%)
2. 若想要繼續探索這個議題，請寫下至少 2 個前景問題 (15%)
3. 根據第二題之前景問題，請拆解為 PICO(T)(20%)

Abstract

Introduction and objectives: Bloodstream infections are common in critically ill patients using central venous access devices (CVAD) in intensive care units (ICU). This project aimed to decrease the incidence of central line-associated bloodstream infections (CLABSI) by using evidence-based strategies.

Methods: The project applied the JBI audit and feedback methods. Thirty-two nurses and five resident physicians from the medical ICU of a medical center participated in the project. Preintervention compliance was measured for the 11 key evidence-based criteria (six audit criteria of central venous catheter insertion and five audit criteria of dressing and catheter securement). Strategies were implemented to overcome the barriers identified in the baseline assessment. Impact evaluation and sustainability were conducted to change the CLABSI rate and the competence of healthcare professionals in providing CVAD care. The JBI Practical Application of Clinical Evidence System and Getting Research into Practice audit tools were used for the data collection, analysis, and implementation planning.

Results: Barriers included insufficient knowledge among nurses and physicians, poor compliance with the standard CVAD insertion procedure by physicians, inadequate cooperation among the CVAD care team members, and lack of CVAD-related equipment. The strategies included education and training in CVAD care, the establishment of a team resource management program, and the provision of appropriate equipment. Following project implementation, the CLABSI rate decreased from 8.38 to 3.9 BSIs/1000 CVAD-days.

Conclusions: The project successfully decreased the CLABSI rate and increased the competence of healthcare professionals. Implementation of best practices in clinical care should focus on leadership, team resource management, education, monitoring, and innovation.

二、情境題

王先生，74 歲，診斷為肺癌合併肩胛骨、髖部多處骨轉移，主訴連續兩天發燒、感到呼吸喘不順、移動姿位時腰背痠痛，胸部 X 光檢查 RML pneumonia、尿液檢查發現感染 *Enterobacter cloacae* complex，主要照顧者為 70 歲的案妻。小夜班護理師發現病人對人、時、地混亂，無法集中注意力正確對答、胡言亂語、夜間煩躁、反覆想下床、自拔點滴管路等症狀，目前藥物使用如下述：

[Cefepime(Cefim)inj_1g/vial] 2000 mg IVD Q12H

[Meropenem(Mepem)_250mg/vial] 1000mg IVD Q8H

[Tramadol/Acetaminophen(Traceton)_37.5/325 mg/tab] 1 tab QIDPC PO

[Morphine(Morphine)_10mg/mL/amp] 3mg SC Q1H PRN

Dexamethasone(Dexamethasone)_5mg/mL/amp] 5mg IVD Q6H

1. 請說明如何進行譫妄(Delirium)的整體性評估？引發譫妄的誘發因子有哪些(10%)？
2. 經您評估，導致王先生譫妄的可能原因為何(10%)？除了現有資料訊息之外，還需要進一步評估哪些的主客觀資料以協助問題確立(10%)？
3. 請協助王先生擬訂個別性照護計畫(10%)。
4. 請整合基礎生物醫學科學知識，針對王先生現有的藥囑提出批判與建議(10%)。