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國立臺灣大學 102 學年度碩士班招生考試試題
科目：內外科護理學
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※注意：請於試卷上依序作答，並應註明作答之大題及題號

一、林先生，70 歲，早上起床後發現下腹部感覺相當漲痛且已有 12 小時解不出尿液，由家人陪同至急
　　診就診。林先生主訴近一年來小便時感覺尿流變細，解尿時間變長，夜間常起床解尿，但一直未求
　　醫治療。兩天前因感冒，咳嗽及鼻塞，在藥房買了不知成分的成藥，吃了以後感冒症狀有好轉，但
　　解尿開始感覺困難，最後完全解不出尿來。林先生過去並無糖尿病病史，只有輕微高血壓，未規律
　　服藥，也無手術紀錄。針對上述情況請回答下列問題：
　　1. 您還需收集那些資訊或進行那些身體檢查與評估，以確立林先生的健康問題？ (10%)
　　2. 您認為有那些可能原因導致林先生解尿突然發生障礙？(10%)
　　3. 假如您決定給予林先生導尿，請問導尿時有哪些注意事項？導尿處理後，您會提供林先生那些建
　　　議及指導？(10%)

二、一位病人因腦動脈血管瘤破裂導致蜘蛛膜下腔出血及顱內出血，昏迷指數為 $E_2V_EM_5$，接受緊急開
　　顱手術後，經加護病房照護 2 天後轉至普通病房，昏迷指數為 $E_3V_4M_6$，但病人在病房 2 天後逐漸
　　嗜睡，其血液學檢查如下： Na: 122mEq/L，K: 4.8mEq/L，glucose: 130mg/dL，creatinine: 0.9 mg/dL，
　　serum osmolarity: 265mOsm/L，urine osmolarity: 500 mOsm/L，urine sodium: 170 mEq/L，urine specific
　　gravity: 1.030，urine volume: 60c.c./hr。
　　針對上述情況請回答下列問題：
　　1. 經過您的評估後，您認為病人最可能發生的問題及其理由為何? (10%)
　　2. 針對這個問題，您的護理觀察及對病人及家屬的指導應包括那些?(10%)

三、請閱讀以下摘要內容後，提出你對於臨床 type 2 diabetes mellitus 之日常運動之運動衛教建議? (10%)

Exercise is an effective treatment for type 2 diabetes mellitus, resulting in stabilization of plasma
glucose in the acute phase and improvements in body composition, insulin resistance and
glycosylated haemoglobin with chronic exercise training. However, the most appropriate
exercise prescription for type 2 diabetes has not yet been established, resulting from insufficient
evidence to determine the optimum type, intensity, duration or frequency of exercise training.
Furthermore, patient engagement in exercise is suboptimal. There are many likely reasons for
low engagement in exercise; one possible contributory factor may be a tendency for expert
bodies to prioritize the roles of diet and medication over exercise in their treatment guidelines.
Published treatment guidelines vary in their approach to exercise training, but most agencies
suggest that people with type 2 diabetes engage in 150 mins of moderate to vigorous aerobic
exercise per week. This prescription is similar to the established guidelines for cardiovascular
health in the general population. Future possibilities in this area include investigation of the
physiological effects and practical benefits of exercise training of different intensities in type 2
diabetes, and the use of individualized prescription to maximize the health benefits of training.

出處：Sports Med. 2013 Jan; 43(1), 39-49. doi: 10.1007/s40279-012-0004-y.

見背面

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四、請根據 case management model， shared care model，或 interdisciplinary teams model 之照護模式，選擇其中一項照護模式運用於你比較熟悉的病人族群，規劃該族群病人出院後之連續性照護計畫 (20%) 並簡單論述此規劃的理由與照護問題 (10%)?

五、請根據以下之研究部分摘要內容，簡述如何增進慢性胰臟炎病人之生活品質？ (10%)

Methods. The research design was cross-sectional, and self-report data were collected from 692 patients with nonalcohol-related, intractable pancreatitis. The mean age of the sample was 52.6 (SD = 14.7); 41% of the sample were male. Participants completed the MOS SF12 Quality of Life Measure, the Center for Epidemiological Studies 10-item Depression Scale (CESD), and a numeric rating scale measure of "pain on average" from the Brief Pain Inventory.

Results. Depressive symptoms were significantly related to participants' reports of increased pain and decreased quality of life. The mean CESD score of the sample was 10.6 (SD = 6.5) and 52% of the sample scored above the clinical cutoff for the presence of significant depressive symptomology. Patients scoring above the clinical cutoff on the depression screening measure rated their pain as significantly higher than those below the cutoff (P < 0.0001) and had significantly lower physical quality of life (P < 0.0001) and lower mental quality of life (P < 0.0001).

Conclusion. Although causality cannot be determined based on cross-sectional, correlational data, findings suggest that among patients with nonalcoholic pancreatitis, the presence of depressive symptoms is common and may be a risk factor associated with increased pain and decreased quality of life. Thus, routine screening for depressive symptomology among patients with nonalcoholic pancreatitis may be warranted.

出處: Pain Res Treat. 2012; 2012:978646. doi: 10.1155/2012/978646.

試題隨卷繳回