

- 一、王小妹 5 歲因反覆發燒數日及臉色蒼白，單親的爸爸帶她至醫院求治，接受一系列的檢查後，確立診斷為急性淋巴性白血病，並開始接受化學治療。每次要給藥或進行治療時，她就會很緊張，並有哭泣、躲避、拒絕等行為表現，父親有時會因王小妹一直拒絕治療而對她說話較大聲，或是用威脅的方式要她乖乖接受治療。而這時候王小妹常會哭得更激烈且說著「都是我的錯，對不起、對不起...」，然後邊哭邊被壓著做完治療。
1. 請分別由艾瑞克森(Eric H. Erickson)的社會心理發展及皮亞傑(Jean Piaget)的認知發展理論來解釋王小妹的行為反應(16%)。
  2. 請說明您會如何使用這兩個理論來協助王小妹改善疾病與住院帶來的身心壓力(16%)。

- 二、請說明什麼是「孩童多系統炎症徵候群」(Multisystem inflammatory syndrome in children, MIS-C) (8%)、確立診斷之臨床條件與檢驗條件有哪些(10%)?

- 三、請閱讀以下文章之摘要，回答三個問題(50%)。

Wells, S., O'Neill, M., Rogers, J., Blaine, K., Hoffman, A., McBride, S., Tschudy, M. M., Shumskiy, I., Mauskar, S., & Berry, J. G. (2017). Nursing-led home visits post-hospitalization for children with medical complexity. *Journal of Pediatric Nursing, 34*, 10–16. <https://doi.org/10.1016/j.pedn.2017.03.003>

**Purpose:** Hospital discharge for children with medical complexity (CMC) can be challenging for families. Home visits could potentially benefit CMC and their families after leaving the hospital. We assessed the utility of post-discharge home visits to identify and address health problems for recently hospitalized CMC.

**Design and methods:** A prospective study of 36 CMC admitted to a children's hospital from 4/15/2015 to 4/14/2016 identified with a possible high risk of hospital readmission and offered a post-discharge home visit within 72h of discharge. The visit was staffed by a hospital nurse familiar with the child's admission. The home visit goals were to reinforce education of the discharge plan, assess the child's home environment, and identify and address any problems or issues that emerged post-discharge.

**Results:** The children's median age was 6years [interquartile range (IQR) 2-18]. The median distance from hospital to their home was 38miles (IQR 8-78). All (n=36) children had multiple chronic conditions; 89% (n=32) were assisted with medical technology. The nurse identified and helped with a post-discharge problem during every (n=36) visit. Of the 147 problems identified, 26.5% (n=39) pertained to social/family issues (e.g., financial instability), 23.8% (n=35) medications (e.g., wrong dose), 20.4% (n=30) durable medical equipment (e.g., insufficient supply or faulty function), 20.4% (n=30) child's home environment (e.g., unsafe sleeping arrangement), and 8.8% (n=13) child's health (e.g., unresolved health problem).

1. 請翻譯本文之研究主題、目的、方法及結果之重要內容 (20%)，
2. 請說明您於 children with medical complexity (CMC)之臨床照護實務經驗，和 Wells et al.所提出研究發現有哪些呼應或差異(15%)，
3. 請闡述護理人員於 CMC 出院至居家之轉銜照護，如何發揮角色功能以提升照護品質(15%)。