

(一)

(1) 請翻譯以下英文摘要成中文，包括主題 (20%)

(2) 針對以下摘要，請提出針對現況中，護理人員可以加強哪些部分，以促進下腸胃道癌症存活者的照護? (5%)

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主題: Survivorship after lower gastrointestinal cancer: Patient-reported outcomes and planning for care.

#### BACKGROUND

There is significant need for quality follow-up care to optimize long-term outcomes for the growing population of lower gastrointestinal (GI) cancer survivors. Patient-reported outcomes (PROs) provide valuable information regarding late and long-term effects (LLTEs).

#### METHODS

A convenience sample from 1129 colon, rectal, and anal cancer survivors (n = 792; 218, and 119, respectively) who participated in an Internet-based survivorship care plan (SCP) tool between May 2010 and October 2014 was used to examine patient-reported demographics, treatment, and toxicity data. Responses from a follow-up survey were reviewed.

#### RESULTS

The median age of diagnosis was 51 years, and 81% of survivors were Caucasian. The most commonly reported LLTEs for all survivors were neuropathy, fatigue, cognitive changes, changes in GI function, urogenital and sexual dysfunction, and dermatologic effects. The prevalence of these effects varied with time since diagnosis, treatment modality, and treatment center. Individuals who had survived anal cancer reported a high prevalence of sexual dysfunction and radiation-induced dermatologic effects. Over 87% of users reported satisfaction levels of good to excellent using the SCP tool, and 69% reported that they intend to share the SCP with their health care team.

#### CONCLUSIONS

For lower GI cancer survivors, it is feasible to obtain PROs from an Internet-based survivorship tool. Survivors report a wide spectrum of LLTEs, and these can be used to inform counseling at the time of diagnosis and to help anticipate and respond to disease-related and treatment-related sequelae during follow-up. The authors are among the first to report on PROs in anal cancer survivors. Further investigation on the impact of SCPs on health care communication and use is needed.

(二)

慢性病與癌症是目前影響國人健康與家庭最重要的問題，請以您自己熟識的領域，選一種特定診斷的病人族群，針對病人由急性期住院，transition 到出院照護，以 Transition 的概念，或任何的護理或健康照護概念/模式/或理論，提出一個照護的架構及可行的照護措施或計畫，以協助病人與家屬，重返最好的生活與健康(或安適)狀況。(25%)

(三)

請由心臟、呼吸、感覺、泌尿、腸胃、骨骼等系統任選一系統，回答下列問題。

(1) 請說明正常老化對該系統造成的變化或影響。(10%)

(2) 請說明個案出現的表徵與相關問題。(10%)

(3) 針對這些改變或問題，您給予的預防性或促進性的護理指導或措施。(10%)

見背面

(四)

林先生 73 歲，因心房顫動(Atrial fibrillation)長期服用抗凝血劑，最近預備接受牙科治療已停藥數日，今日突因無法說話及無法移動右側肢體而被家人送至急診，電腦斷層檢查後診斷為急性缺血性腦中風而住入腦中風中心，開始給予靜脈血栓溶解劑(r-tPA)治療，目前病人意識清楚、沒有發燒，鼻導管氧氣 3L/分鐘使用，呼吸平順，血壓 180/100mmHg、右側肢體完全無力、面神經麻痺、有表達性失語。根據以上資料，回答下列問題。

- (1) 請列出林先生目前主要的護理問題及護理評估重點？(10%)
- (2) 針對這些問題，您提供的立即性及預防性護理措施有那些？(10%)

試題隨卷繳回