

## 探討某醫學中心新生兒加護病房之臨終照護

### The Dying Care in a Neonatal Intensive Care Unit of Medical Center

#### 中文摘要

新生兒死亡至今仍是 1 歲以下兒童死亡的主要族群，但文獻中顯出，新生兒的臨終照護至今仍遠落後於成人及兒童，因此，開始有研究探討面臨新生兒臨終照護所面臨的問題，但在各國不同文化差異下而造成不一致的結果，而本國目前仍未有類似研究。所以，本研究目的在瞭解新生兒加護病房內死亡個案之臨終照護的品質。

本研究採回溯性病歷回顧的研究設計，以立意取樣選取 192 位死亡新生兒為研究對象。以自擬式的研究調查表為研究工具，至病歷室進行資料的收集。

研究結果發現，(1)瀕死新生兒給予舒適藥物的情況為，佔 12% 在死亡前曾給予止痛藥物，佔 13.6% 的個案只使用鎮靜藥未合併使用止痛藥。(2)新生兒家屬簽署 DNR 的比率為 67.2%，簽署距離死亡的時間由 <1 小時至 80 天 (median=8.2 hr)，高達 86% 的家屬在簽署 DNR 時其新生兒的疾病嚴重度分類 (NTISS) 為重度以上 (>21 分)，在簽署前新生兒曾接受胸外按壓的比率高達 72.1%，在簽署 DNR 後仍有 5.4% 的新生兒接受胸外按壓。(3)新生兒家屬參與家庭會議的比率為 13.5%，當出生天數越大時其舉辦家庭會議的比率越高，而在舉辦前新生兒曾接受胸外按壓的比率為 57.7%，佔 65.3% 舉辦家庭會議時其新生兒的疾病嚴重度分類 (NTISS) 為重度以上 (>21 分)。

本研究探討臨床新生兒執行臨終照護的基本描述，希望本研究結果可作為發展新生兒安寧療護的參考。

#### 英文摘要

Neonatal mortality still represents the largest percentage of overall infant mortality, but several studies show the neonatal end-of-life care to fall behind the adults and children, and the different culture backgrounds may have an influence on the end-of-life care, therefore, this study aimed to discuss the process of dying care in the neonatal intensive care unit in Taiwan.

The design of this study is retrospective, purposive sampling was used to select 192 cases that die in the neonatal intensive care unit. The data collection tools included A self-structured questionnaire and NTISS (Neonatal Therapeutic Intervention Scoring System).

The results of this study were as below: 1.) The situation of dying neonate received comfort medication, 12% had received analgesics and 13.6% had only received sedatives without analgesics. 2.) 67.2% family of newborn decided to signed "Do not Resuscitate (DNR)". The median time of decision made till death is 8.2 hours

(range, 1 hour ~ 80 days). 86% newborns had high NTISS scores (> 21) while DNR decision was made. 72.1% newborns had received cardiopulmonary resuscitation before the DNR decision was made, yet still 5.4% newborn received cardiopulmonary resuscitation after the DNR decision was made. 3.) 13.5% family of neonatal attended the family conference. More conferences would be held if the patient was older. 57.7% newborn had received cardiopulmonary resuscitation before the conference, and 65.3% newborn had high NTISS scores(>21) while the conference was held.

This study describes the basic situations while medical care members implement dying care in newborn. The results may provide some usefully experiences in the hospice care of newborn.