Medical Surgical department

(Model answer) Fundamental nursing Final Semester Exam

First Year -First term

Date: 30/12/2014                  Code no: Nur.  101
Questions parts:  5 parts          No of papers:14
Time:  3 hours                    Total Marks: 80

I –part one: Multiple choice questions (MCQ) (25 marks)

Circle the litter that corresponds to the best answer for each question:

1- The nursing process is utilized to:
   a) Provide a systemic, organized and comprehensive approach to meeting the needs of clients.
   b) Encourage the family to make decisions regarding patient's care.
   c) Increase involvement of allied healthcare professionals in decision-making
   d) None of the above

2- Objective data might include:
   a) Chest pain.                  b) Complaint of dizziness.
   C) An evaluation of blood pressure.    d) None of the above

3- According to Maslow’s hierarchy of human needs, the highest level is
   a) Physiologic needs      b) Safety and security
   c) Belongingness and affection and esteem and self-respect
   d) Self-actualization
4- All the following are indicative physical signs of poor nutrition are all, except

a) Dental caries, mottled appearance (fluorosis), malpositioned

b) Brittle, depigmented, easily plucked; thin and sparse hair

c) Tongue - deep red in appearance; surface papillae present

d) Spongy, bleed easily, marginal redness, recession gums

5- Development of an infection occurs in a cycle that depends on the presence of all the following elements except:

a) Causative agent, a portal of entry

b) Source for pathogen growth

c) Health care worker

d) A portal of exit, a mode of transmission, a susceptible host

6- All the flowing are essential standard precautions used in the care of all patients irrespective of whether they are diagnosed infectious or not, except one

a) Hand hygiene

b) Improper sharps and waste disposal

c) Personal protective equipment

d) Aseptic techniques

7- Which of the following is the appropriate route of administration for insulin?

a) Intramuscular

b) Intradermal

c) Subcutaneous

d) Intravenous
8. All the following are Patient’s responsibilities, except

   a) Providing information
   b) Complying with instructions
   c) **Give different kind of care**
   d) Following hospital rules and regulations

9- There are many different nursing education programs throughout the world that prepares nurses which of these program is type of **basic Nursing Programs**

   a) Diploma/Certificate Programs
   
   b) **Baccalaureate Degree Programs in Nursing**
   
   c) Master's Degree Programs in Nursing
   d) Doctoral Programs in Nursing

10- The nurse is orienting a new nurse to the unit and reviews source-oriented charting. Which statement by the nurse best describes source-oriented charting?

   a) **Separates the health record according to discipline**
   
   b) Organizes documentation around the patient's problems
   c) Highlights the patient's concerns, problems, and strengths
   d) Is designed to streamline documentation

11- Which of the following is the meaning of PRN?

   a) When advice
   b) **When necessary**
   c) Immediately
   d) Now

12- The following is the most important purpose of documentation, except

   a) To Communication
   b) To Reimbursement
   c) To Quality assurance
   d) **To provide comfort**
13- The nurse is preparing to take vital sign in an alert client admitted to the hospital with dehydration secondary to vomiting and diarrhea. What is the best method used to assess the client’s temperature?

a) Oral  
b) Axillary  
c) Radial  
d) Heat sensitive tape

14- The nurse is working on a unit that uses nursing assessment flow sheets. Which statement best describes this form of charting?

a) Are comprehensive charting forms that integrate assessments and nursing actions  
b) Contain only graphic information, such as I&O, vital signs, and medication administration  
c) Are used to record routine aspects of care; they do not contain assessment data  
d) Contain vital data collected upon admission, which can be compared with newly collected data

15- At the end of the shift, the nurse realizes that she forgot to document a dressing change that she performed for a patient. Which action should the nurse take?

a) Complete an occurrence report before leaving.  
b) Do nothing; the next nurse will document it was done.  
c) Write the note of the dressing change into an earlier note.  
d) Make a late entry as an addition to the narrative notes.

16- The nurse is to administer an iron injection to an adult. How should this be administered?

a) Subcutaneous in the arm  
b) Intradermal in the forearm  
c) Intramuscular in the deltoid  
d) Z track intramuscular in the gluteal
17. A client has been admitted to a nursing home, and the nurse completes an assessment. Which finding might lead the nurse to suspect a nutritional alteration?

a) Eye clear  
b) Shiny hair  
c) **Ridged nails**  
d) Moist conjunctiva

18. A patient asks you what vitamin is best for eye sight. Your response is:

a) Vitamin C  
b) **Vitamin A**  
c) Vitamin B6  
d) Vitamin B12

19. The nurse prepares IM injection that is irritating to the subcutaneous tissue. Which of the following is the best action in order to prevent tracking of the medication?

a) Use a small gauge needle  
b) Apply ice on the injection site  
c) Administer at a 45° angle  
d) **Use the Z-track technique**

20. Mr. Ahmed has just been admitted to your floor with onset of disruptive behavior due to unknown cause. He is prescribed haloperidol 2.5 mg intramuscularly now. The pharmacy dispenses haloperidol for injection in the form of 5 mg/mL. How much medication do you draw up to give to Mr. Ahmed?

a) 2 mL.  
b) 5 mL.  
c) **0.5 mL.**  
d) 12.5 mL.

21. To assessment of immobilized patient focus on the following except

a) range of motion  
b) activity tolerance  
c) body alignment  
d) **Psychological condition**
22-Changes that occur in musculoskeletal system due to immobility

a) decrease muscle endurance, strength and mass

b) Change in calcium metabolism with hyper calcium result in renal calculi

c) Alteration in calcium, fluid and electrolyte

d) Non of the above

23-Non verbal massage is a mode of communication that include the following except

a) Tone & pitch of voice
b) Facial expression

c) Gesture

d) Touch

24. Independent nursing intervention commonly used for immobilized patients include all of the following except:

a. Active or passive ROM exercises, body repositioning, and activities of daily living (ADLs) as tolerated

b. Deep-breathing and coughing exercises with change of position every 2 hours

c. Diaphragmatic and abdominal breathing exercises and increased hydration

d. Weight bearing on a tilt table, total parenteral nutrition, and vitamin therapy

25. An instrument placed against a patient's chest to hear both lung and heart sounds.

a) stethoscope
b) otoscope

c) sphygmomanometer
d) telescope
π – part 2 : True or False (15 marks).

Indicate if the following statements are true or false:

1) Constipation is an accumulation of fecal material which forms a hard mass in the rectum. T. F.

2- Casts are Presence of coagulated protein from the kidney tubule T. F.

3- Diarrhea is passage of unusually dry, hard stools produced by undue delay in the passage of feces T. F.

4- Anal incontinence is ability of the anal sphincter to control the discharge of feces T. F.

5- Portal of entry is the exit from the reservoir is the point of escape for the organism. T. F.

6- The terminal stage of illness is one in which a person is approaching death. T. F.

7- Chronic illness is caused by an irreversible alteration in normal anatomy and physiology. T. F.

8- Oxygen deficiency is conceder physiological need deficiency. T. F.

9- Acne: Inflammatory condition with papules and pustules. T. F.

10- A fissure is a deep groove between the fingers. T. F.

11- Discharge summaries highlight the client’s illness and course of care. T. F.
12- The nurses’ progress notes are used vertical or horizontal columns for recording dates and times to show assessment and interventions.  

T.  F.

13- Tachycardia is a pulse rate slower than 60 beat per minute.  

T.  F.

14- The channel is the medium through which a massage is transmitted.  

T.  F.

15- Exercise can cause decrease of body temperature especially prolonged and strenuous exercise.  

T.  F.

### III-Part 3: Matching (15 marks)

#### Part 1

Match the definition in column I with the correct word in column II

<table>
<thead>
<tr>
<th>Column I</th>
<th>Column II</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Indicates that a problem doesn’t yet exist.</td>
<td>a- Medical diagnosis</td>
</tr>
<tr>
<td>2- Clinical judgment about individual response to actual or potential health problems</td>
<td>b- Evaluation</td>
</tr>
<tr>
<td>3- Indicates that a problem exists and is composed of diagnostic label, signs and symptoms.</td>
<td>c – potential diagnosis</td>
</tr>
<tr>
<td>4- Determines whether client goals have been met, partially met or not met.</td>
<td>d- Nursing diagnosis</td>
</tr>
<tr>
<td>5- Clinical judgment that identifies or determines a specific disease, condition, or pathological state.</td>
<td>e – Actual diagnosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>c</td>
<td>d</td>
<td>e</td>
<td>b</td>
<td>a</td>
</tr>
</tbody>
</table>
### Part 1:

<table>
<thead>
<tr>
<th>Column I</th>
<th>Column II</th>
</tr>
</thead>
<tbody>
<tr>
<td>6- Involuntary loss of urine at night (bed wetting)</td>
<td>a- dysuria</td>
</tr>
<tr>
<td>7- Presence of pus in the urine</td>
<td>b- retention</td>
</tr>
<tr>
<td>8 Difficulty in voiding or pain in voiding</td>
<td>c- Tympanitis</td>
</tr>
<tr>
<td>9- excessive formation and accumulation of gases in the intestine</td>
<td>d- Enuresis</td>
</tr>
<tr>
<td>10- The urine is formed in the kidneys, but the patient unable to excrete it from his bladder.</td>
<td>e- pyuria</td>
</tr>
</tbody>
</table>

#### Part 2:

**Match the description in column I with the correct word in column II**

<table>
<thead>
<tr>
<th>Column I</th>
<th>Column II</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- It is undesirable , but unavoidable part of pharmacologic actions</td>
<td>a- Immunization</td>
</tr>
<tr>
<td>2- Is an examples for primary prevention</td>
<td>b- toxicity</td>
</tr>
<tr>
<td>3- It occurs at high dose of the drug</td>
<td>c – side effect</td>
</tr>
<tr>
<td>4- It is mild allergic reaction with the drug that act as antigen</td>
<td>d- urticaria</td>
</tr>
<tr>
<td>5- It is animal source of the drugs</td>
<td>e – Insulin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>c</td>
<td>a</td>
<td>b</td>
<td>d</td>
<td>e</td>
<td></td>
</tr>
</tbody>
</table>

1- Assessment involves several steps are: (3 marks)
   a) Collecting data from a variety of sources
   b) Validating the data
   c) Organizing data
   d) Categorizing or identifying patterns in the data
   e) Making initial inferences or impressions
   f) Recording or reporting data

2 - Give an account of responsibilities of the nurse to the patient: (2 marks)

1. Give him/her the kind of care his/her condition needs regardless of his/her race, creed, color, nationality or status.
2. The patient’s care shall be based on needs, the physician’s orders, and the ailment.
3. The nurse shall involve the patient and/or his/her family so that he/she or any of the family can participate in his/her care.
5. Be patient advocate. Treat patient in a manner that will show concern whether the patient is rich or poor.
6. Nurses should not leave a patient or any agency without proper permission or resignation or without relief.
7. Nurses should commit themselves to the welfare of those entrusted to their care

3- Mention the role of infection control nurse: (2 marks)

   a) - Checking wards and clinics to detect nosocomial infections
   b) - investigation of hospital – based infection to determine if inadequate procedures may have contributed, in conjunction with technical officer
   c) - surveillance of isolation procedures.
   d) - surveillance of nursing practice e.g. techniques, monitoring food hygiene & food handling staff, monitoring collection & disposal waste, - - conduct education programs in infection control, and preparation of infection control statistic

4- List the factors which influencing fecal elimination: (2 marks)

   a) diet
   b) Psychological factors
   c) Physical activity Neureogenic conditions
   d) Muscular condition:
   e) Mechanical obstruction
   f) Malabsorption:
   g) Diseases conditions:
   h) Drugs

5- what is the meaning of SOAP? (2 marks)

S: subjective data

0: objective data

A: assessment

P: plan
6- Forms of documentation are: (2 marks)

1- Kardex
2- Flow sheets
3- Nurse's progress notes
4- Discharge summary

7- Level of preventive care are: (2 marks)

1- Primary preventive care
2- Secondary preventive care
3- Tertiary preventive care

8- Discuss nursing intervention for immobilized patient to maintain normal urinary and bowel elimination: (3 marks)

- assess i&o •
  - assess the bladder for •
  - distention
  - observe urine for color •
  - amount, clarity, and frequency
  - auscultate bowel sounds •
  - observe feces for color •

- maintain hydration (at least 2,000 ml/day unless fluid is •
  - restricted
- teach the client to consume a diet that includes fruits and •
  - vegetables, and is high in fiber
- give a stool softener as prescribed. Consider laxatives only •
  - as a last resort
- Provide perineal care •
- teach bladder and bowel training if needed •
amount, frequency, and consistency

• insert a straight or indwelling catheter as prescribed if the bladder is distended

Promote urination by pouring warm water over the perineal area if the client has difficulty urinating

9-Frist aid for victims of heat stroke (2marks)

• Moving the client to a cooler environment.
• Reducing the clothing covering the body.
• Placing wet Towels over the skin.
• Using oscillating fans to increase heat loss.

10 – Discuss factors affecting drug action: (3marks)

1-Body weight: fat individual may require a larger dose than a thin person.

2-Nutritional factors: the presence of food in the stomach delays the absorption of orally administered drugs.

3-Disease: Most drugs are either broken down by the liver or excreted by the kidneys, so disease of these organs with diminished function can lead to accumulation of the drug with a more intense and prolonged action, which can reach dangerous proportions.

4-Timing of Administration: Some drugs should be given with food to prevent gastric irritation.
5-**Environment** the patient who receives pain drug or a sedative in an active, noisy environment may not be able to benefit fully from the drug's effects.

6-**Development considerations**: older people are more responsive to drugs because their bodies have experienced physiologic changes associated with the aging process, which affect drug pharmacokinetics.

7-**Genetic factors** Enzyme deficiencies or metabolic disturbances can alter the way the body handles a drug or metabolizes a drug. For example, Asian patients may require smaller dose of a drug because they metabolize it at slower rate. A drug dose that is normal for a white patient may cause unexpected side effects in an Asian.

8-**Culturally**: related health beliefs can also affect compliance and response to a drug regimen. Herbal treatments that are popular in some cultures may interfere with or counteract the action of prescribed drug.

9-**Sex**: the difference in the distribution of body fat and fluids in men and women is a minor factor affecting the action of some drugs. To date, most on drugs and their actions and effects have been conducted on men. Future clinical drug trials are expected to include more women in order to document the effects of hormonal fluctuations.

11- **Discuss Personal response to the disease: (2marks)**

* Self perceptions.

* Others perceptions.

* The effect of these changes on his body functions and structures.

* The effect of these changes on his roles and relationship.

* The persons cultural and spiritual values and believes.
Good luck