

## تمريض الترم الثانى



Answers all the following questions:

Zagazig University College: Faculty of Nursing First Year Exam. Department: Medical Surgical Nursing II Date: 15/ 5/ 2016 First Semester 2015/ 2016	Final Theoretical Exam Subject: Medical Surgical Nursing Time: 3 hours Total Score: 120 marks Number of questions: 4 Number of papers: 10 ( sided papers)
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**I. Read the following MCQ questions and choose only one correct answer: (53 Marks)**

1. Active dreaming occurs during what stage of sleep?
  - a. Stage II NERM sleep
  - b. Stage III NERM sleep
  - c. Stage IV NERM sleep
  - d. REM sleep
2. A nurse is providing discharge teaching for patients regarding their medications. For which patients would the nurse select recommended actions to promote sleep?
  - a. A patient who is taking supplement for anemia
  - b. A patient who is taking antibiotics for ear infection
  - c. A patient who is taking diuretics for congestive heart failure
  - d. A patient who is taking low dose aspirin prophylactically
3. A nurse is performing a sleep assessment on a patient being treated for a sleep disorder. During the assessment, the patient falls asleep in the middle of a conversation. The nurse would suspect which disorder?
  - a. Narcolepsy
  - b. Sleep apnea
  - c. Insomnia
  - d. none of the above
4. To promote sleep in a patient, a nurse suggests what intervention?
  - a. Follow the usual bedtime routine if possible
  - b. drink two to three glasses of water at bedtime
  - c. have a large snack at bedtime
  - d. take a sedative hypnotics every night at bedtime
5. A nurse caring for patients in a busy hospital environment should implement which recommendations to promote sleep?
  - a. keep the room light dimmed during the day
  - b. keep the door of room open
  - c. offer a sleep aid and medication to patients on a regular basis
  - d. wear rubber-soled shoes
6. A nurse formulates the following diagnosis for an elderly patient who is having trouble getting to sleep at night: disturbed sleep pattern. Which of the following nursing intervention would the nurse performs related to this diagnosis?
  - a. Encourage short periods of napping during the day
  - b. Administer diuretics in the evening
  - c. Encourage patient to engage in some type of physical activity
  - d. All the above

7. Which of the following is an example of subjective data?
  - a. Skin pale and diaphoretic
  - b. Lung sounds clear bilaterally
  - c. Feeling dizziness
  - d. Blood pressure 90/50 MMHG
8. Impaired Skin Integrity related to physical immobilization as manifested by stage II bed sores on sacrum, this nursing diagnosis can be considered as:
  - a. Actual nursing diagnosis
  - b. At risk nursing diagnosis
  - c. Possible nursing diagnosis
  - d. syndrome nursing diagnosis
9. Which of the following nursing diagnostic statements is correctly written?
  - a. Impaired circulation to left lower extremity related to peripheral vascular disease as evidenced by cool extremity
  - b. Risk for rape trauma syndrome
  - c. Risk for impaired Skin Integrity secondary to bed rest
  - d. Anxiety related to knowledge deficit about surgery as evidenced by elevated blood pressure and heart rate
10. A medical diagnosis refers to a disease process that a physician may treat. How is it different from a nursing diagnosis?
  - a. A nursing diagnosis is stable as long as the disease process exists
  - b. A nursing diagnosis is specified by the physician in addition to the medical diagnosis
  - c. A nursing diagnosis deals with the client's response to the disease process and may change over time
  - d. A nursing diagnosis refers only to independent functions that are carried out by the nurse
11. During the planning phase, the nurse determines which of the patient's problems can be addressed by the individualized plans. The nurse must also:
  - a. Write a nursing diagnosis to address the patient's problem
  - b. Carry out nursing interventions
  - c. Evaluate the patient's response to the treatment plan
  - d. Write individualized desired outcomes and nursing interventions
12. Prioritizing the identified nursing diagnosis, should be achieved in which step of nursing process?
  - a. Nursing diagnosis
  - b. Planning
  - c. Implementation
  - d. evaluation
13. When managing the care of a client, which of the following nursing actions is most appropriate to perform first?
  - a. Develop a plan of care.
  - b. Determine the client's needs.
  - c. Assess the client physically.
  - d. Collaborate on goals for care.
14. ....is performed shortly after patient's admission to the hospital.
  - a. Focused assessment
  - b. Initial assessment
  - c. Emergency assessment
  - d. Time-lapsed assessment
15. The most common chronic health problem of older adults is
  - a. Osteoporosis
  - b. Hypertension
  - c. Heart disease
  - d. Arthritis
16. The leading cause of death in developed countries :
  - a. Alzheimer's disease

- b. Cancer
  - c. Cardiovascular disease
  - d. Respiratory disorders
17. **Cerebrospinal fluid, fluid within the eyes, joints, and body cavities, and fluid secretions of exocrine glands are all classified specifically as:-**
- a. Intracellular fluid.
  - b. Extracellular fluid.
  - c. Transcellular.
  - d. None of the above.
18. **The two major factors that regulate the movement of water and electrolytes from one fluid compartment to the next**
- a. Hydrostatic pressure and osmotic pressure
  - b. Sodium concentration and osmotic pressure.
  - c. Hydrostatic pressure and potassium concentration.
  - d. Concentration of all electrolytes combined and water pressure
19. **Which of these is considered a secondary defense against changes in pH?**
- a. Renal excretion of hydrogen ions
  - b. The bicarbonate buffer system
  - c. The phosphate buffer system
  - d. The protein buffer system
20. **The ion is directly related to calcium homeostasis :**
- a. Magnesium
  - b. Sodium
  - c. Phosphate
  - d. Chloride
21. **The nurse is aware that client care provided through a hospice is:**
- a. Designed to meet the client's individual wishes, as much as possible
  - b. Usually aimed at offering curative treatment for the client
  - c. Involved in teaching families to provide postmortem care
  - d. Offered primarily for hospitalized clients
22. **Critical thinking methods involve the following except :**
- a. Asking questions
  - b. Defining a problem
  - c. Examining evidence
  - d. Providing oversimplification
23. **Nurses can develop critical thinking skills through :**
- a. Self-reflection on thinking skills
  - b. Building on existing thinking skills
  - c. Observing role models
  - d. All of the above
24. **Cognitive critical thinking skills is essential to being a good critical thinker it include the following except:**
- a. Accurately interpreting problems
  - b. Examining ideas/arguments in problems
  - c. Thinking analytically and using verifiable information
  - d. Evaluating information to ascertain its probable trustworthiness
25. **Kidney is organ which plays important role to maintain fluid homeostasis through:**
- a. Store and release the antidiuretic hormone
  - b. Regulate calcium and phosphate balance
  - c. Regulate pH of ECF by excretions or retention of hydrogen ions
  - d. React to hypovolemia by stimulating fluid retention
26. **Diuresis is also known as**
- a. Pyuria
  - b. Anuria

- c. Oliguria
  - d. Polyuria
27. **Obtaining a specimen for routine urinalysis requires \_\_\_\_ technique**
- a. Medical aseptic technique
  - b. Sterile technique
  - c. Surgical technique
  - d. Routine technique
28. **Proteinuria is:**
- a. An indication of kidney disease
  - b. Defined by the presence of protein in urine
  - c. Marked by the presence of sugar and protein urine
  - d. Indication of kidney disease and protein in urine
29. **Difficulty during urination is known as \_\_\_\_; while scanty or diminished amount urine is known as \_\_\_\_**
- a. Dysuria; Anuria
  - b. Anuria; Oliguria
  - c. Dysuria; Oliguria
  - d. Oliguria; Pyuria
30. **Overflow incontinence is:**
- a. The involuntary loss of urine that occurs soon after feeling an urgency to void
  - b. Urine loss caused by the inability to reach the toilet
  - c. Experiencing emptying of the bladder without the sensation of the need to void
  - d. The involuntary loss of urine associated with over distension of the bladder
31. **When micturition is initiated the \_\_\_\_ contracts, the \_\_\_\_ relaxes, and urine enters the posterior urethra. The muscles of the perineum and the \_\_\_\_ relax, the \_\_\_\_ contracts slightly, the \_\_\_\_ lowers, and micturition occurs.**
- a. Detrusor muscle, external sphincter, internal sphincter, abdominal muscles, diaphragm
  - b. Internal sphincter, detrusor muscle, external sphincter, diaphragm, abdominal muscles
  - c. Detrusor muscle, diaphragm, internal sphincter, abdominal muscles, external sphincter
  - d. Detrusor muscle, internal sphincter, external sphincter, abdominal muscles, diaphragm
32. **When assessing a patient's urine, check all of the following, but do not note:**
- a. Color of urine
  - b. Odor of urine
  - c. Sugar in urine
  - d. Clarity of urine
33. **Anxiety is correlated to \_\_\_\_; whereas chronic worry is correlated with \_\_\_\_**
- a. Diarrhea; constipation
  - b. Constipation; diarrhea
  - c. Gas; diarrhea
  - d. Diarrhea; gas
34. **Which of the following is not a muscle used to create pressure in defecation?**
- a. Diaphragm
  - b. Pectoral muscles
  - c. Pelvic floor muscles
  - d. Abdominal wall muscles
35. **What is the primary role of a nurse in drug administration?**
- a. Ensure that prescribed medications are delivered in a safe manner
  - b. Be certain that physician orders are accurate
  - c. Inform the patient that prescribed drugs only need to be taken if the patient agrees with the treatment plan
  - d. Assure patient compliance by watching the patient swallow all prescribed medications
36. **Which of these activities is a nursing priority when a patient has an allergic reaction to a newly prescribed medication?**
- a. Instruct the patient to remain calm

- b. Document the allergy in the medical record
  - c. Communicate the allergic response to the physician and pharmacist
  - d. Place an agency approved allergy bracelet on the patient
37. A patient is known to be allergic to several medications. After a nurse administers a medication, an adult patient's vital signs are 99.2 F -- 168 -- 46 and 76/40. Which of these assessments should the nurse make?
- a. Allergic reaction
  - b. Anaphylactic reaction
  - c. Side effect
  - d. Anticipated reaction
38. A nasal spray is ordered for a patient. A nurse knows that this medication contains an astringent effect which will
- a. tighten nasal secretions
  - b. expand mucous membranes
  - c. decrease nasal drainage
  - d. shrink mucous membranes
39. Which of these instructions should a nurse give to a patient who is to receive a vaginal suppository?
- a. "This medication causes a discharge so insert a tampon after inserting the medication."
  - b. "You should empty your bladder before inserting the medication."
  - c. "This medication is effective whether you insert it in the vagina or the rectum."
  - d. "You may have intercourse immediately after inserting the medication into the vagina."
40. Patient is treated in the emergency department (ED) for shock of unknown etiology. The first action by the nurse should be to
- a. check the blood pressure.
  - b. Obtain an oxygen saturation.
  - c. Attach a cardiac monitor.
  - d. Check level of consciousness
41. When caring for a patient who has just been admitted with septic shock, which of these assessment data will be of greatest concern to the nurse?
- a. BP 88/56 mm Hg
  - b. Apical pulse 110 beats/min
  - c. Urine output 15 ml for 2 hours
  - d. Arterial oxygen saturation 90%
42. A patient with a fractured radius asks when the cast can be removed. The nurse will instruct the patient that the cast can be removed only after the bone?
- a. Is strong enough to stand mild stress.
  - b. Union is complete on the x-ray.
  - c. Fragments are fully fused.
  - d. Healing has started
43. Following a motor-vehicle accident, a patient arrives in the emergency department with massive right lower-leg swelling. Which action will the nurse take first?
- a. Elevate the leg on pillows.
  - b. Apply a compression bandage.
  - c. Place ice packs on the lower leg.
  - d. Check leg pulses and sensation.
44. A patient has an ischemic wound. This means that there has been:
- a. A deficient blood supply to the tissue
  - b. Damage to the small blood vessels
  - c. Compression of the tissue
  - d. A combination of friction and pressure

45. **Proper technique for performing a wound culture includes what?**  
 a. Cleansing the wound prior to obtaining the specimen.  
 b. Swabbing for the specimen in the area with the largest collection of drainage.  
 c. Removing crusts or scabs with sterile forceps and then culturing the site beneath.  
 d. Waiting 8 hours following a dose of antibiotic to obtain the specimen.
46. **What is the best way to treat heavy bleeding from a deep laceration?**  
 a. Apply a tourniquet above the cut to reduce blood flow  
 b. Lie them down and tell them not to panic  
 c. Apply direct pressure to the wound, elevate and rest  
 d. Clean the wound and bandage the entire limb firmly
47. **How would you treat a casualty with a suspected broken arm?**  
 a. Immobilize the arm firmly to the body with a sling  
 b. Ask the casualty to move their arm around to check for fractures  
 c. Bandage the arm tightly & watch for signs of loss of circulation to the hand  
 d. Immobilize fractures gently and manage shock if necessary
48. **Identify the FALSE statement?**  
 a. Hypovolemic shock is associated with low cardiac output  
 b. Septic shock is associated with cold clammy skin  
 c. Cardiogenic shock is associated with arrhythmia, MI, and myocarditis  
 d. Anaphylactic shock is associated with hypersensitivity.
49. **Which type of shock is associated with low blood levels?**  
 a. Hypovolemic shock  
 b. Septic shock  
 c. Anaphylactic shock  
 d. Cardiogenic shock
50. **The pressure point located above the elbow on the inside part of the arm is?**  
 a. Femoral  
 b. Brachial  
 c. Subclavian  
 d. Carotid
51. **What method is used only as a last resort to control severe bleeding?**  
 a. Tourniquet  
 b. Indirect pressure  
 c. Direct pressure  
 d. Elevation
52. **A patient has a scald burn on the arm that is bright red, moist, and has several blisters. The nurse would classify this burn as which of the following?**  
 a. A superficial partial-thickness burn  
 b. A superficial burn  
 c. A deep partial-thickness burn  
 d. A full-thickness burn
53. **When evaluating the laboratory values of the burn-injured patient, which of the following can be anticipated?**  
 a. decreased hemoglobin and elevated hematocrit levels  
 b. Elevated hemoglobin and elevated hematocrit levels  
 c. Elevated hemoglobin and decreased hematocrit levels  
 d. Decreased hemoglobin and decreased hematocrit levels

**II: Write the letter "T" if the statement is true and "F" if the statement is false (30 Marks)**

1. During data collection by interview the nurse should explain the purpose of interview in the working phase
2. Risk Nursing Diagnosis is a clinical judgment about individual, group, or community in transition from specific level of wellness to a higher level
3. Discharge planning begins when the patient admitted to the hospital
4. Weight gain influence sleep patterns

5. L-tryptophan (a natural protein) found in milk, cheese and meat help a person to sleep
6. Sleep deprivation is a condition characterized by excessive sleep, particularly during the day.
7. Bowel incontinence is inability of the anal sphincter to control the discharge of fecal and gaseous material
8. A nurse can test urine for the presence of glucose, blood, protein, bilirubin, and bacteria
9. Intestinal diction it is inability of the anal sphincter to control the discharge of feces
10. Systemic effect is just affect the body tissue at the site of medicine administration
11. Untoward effect is desirable but predictable effect a medicine
12. Adverse effect is an unpredictable effect of medicine
13. Synergistic effect is a lessened effect that occurs when two drugs are administered simultaneously
14. Hematuria or a pink or red color in urine may occurs due to Anticoagulants
15. Loss of blood from trauma will usually reduce the amount of urine that is produced
16. Most of the requirement for electrolytes can be adequately met by drinking water
17. Geriatrics is study of aging process, draws from the biologic, psychological, and sociologic sciences
18. Alzheimer's disease is a progressive, degenerative, neurological disease that begins suddenly characterized by losses of cognitive function
19. Paradigm of problem solving is Inquiry learning philosophy
20. Homeostasis is the dynamic process means controlling sameness
21. The filtration pressure is positive in the venules and negative in arterioles
22. Algor mortis is stiffening of the body
23. Insomnia and hypersomnia, sleep disorders are common in dying patient
24. Reduction is restoration of displaced bone fragments to their normal anatomical position; it is either closed reduction or open reduction
25. Arterial bleeding is life threatening and easy to control.
26. Dehiscence occurs most often in abdominal surgical wound after sudden strain such as coughing and vomiting
27. Normal saline sterile watery solution isotonic washing severely infected wound such as diabetic foot, amputated wound
28. Activated charcoal acts as a "super" absorber of many poisons we can use it at home.
29. Isotonic salt solutions create an osmotic pull of fluid from the interstitial space back to the depleted intravascular space.
30. Biological dressings Consists of covering the wound with topical Antimicrobial agents and gauze.

**III: Complete the following by Give scientific words: (21 Marks)**

1. ....is an objective that is expected to be achieved over a period of time, usually over weeks or months.
2. ....It is a step of nursing process in which a planned nursing action are carried out and documented.
3. .... is characterized by difficulty falling sleep, intermittent sleep or early awakening from sleep.
4. ....They are undesirable behaviors that occur predominantly during sleep. They are common in children than in adults. e.g. sleep walking.
5. ...is a plastic device with two protruding prongs for insertion into the nostrils; it is connected to an oxygen source with a humidifier and flowmeter.
6. ....to the person's belief that he is capable of doing something.
7. .... is fluid between the cells and outside the blood vessels.
8. .... is the movement of water between two compartments separated by a semi permeable membrane
9. .... is a condition characterized by an excess of H<sup>+</sup> ions or loss of base ions (bicarbonate) in ECF in which pH fall below 7.35.

10. .... is a state in which an individual faces a medical condition that will end in death within a limited period
11. .... Purple discoloration of skin from breakdown of red blood cells.
12. ....Is the field of nursing that specialized in the care of the elderly
13. .... dry, hard stool; persistently difficulty difficult passage of stool; and/or the incomplete passage of stool
14. .... isdirect visual examination of body organs or cavities
15. .... a veins that become abnormally distended in the rectum
16. ....is a temporary stoppage of peristalsis which normally lasts 24-48 hours
17. ....is a conical or oval solid substance shaped for easy insertion into a body cavity and designed to melt at body temperature
18. .... is occurs when urine is produced normally but is not excreted completely from the bladder
19. .... is a syndrome characterized by insufficient blood and oxygen supply to the vital organs and tissues
20. .... includes destruction of the epidermis and the entire dermis as well aspossible damage to the muscle and bone
21. .... used to prevent the poison from working or reverse the effects of the poison

**IV Discuss the statements 4 statements 4 degrees for each one (16 Marks)**

1. Factors cause inaccurate readings of pulse oximeter

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2. Characteristics of critical thinking for good nurses

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