

**Medical - Surgical Nursing (NUR 201)**

**Final term Exam**

**Second Year- First Term**

**Date**: 26/12/2017 **Time:** 3 hours

**Question parts: 4 No. of pages : 8 total marks 80 marks**

**Section I:Multiple Choice Questions: ( 20 marks)**

***\*Please circle the correct answer only:***

1- **Normal range of hemoglobin level in females is**

1. 13.5- 15.5 g/dl c) 12.5 – 15.5 g/dl
2. **11.5 – 15.5 g/dl**  d) 13.5- 17.5 g/dl

**2- A client complains of muscle spasms, convulsions and confusion, the nurse should assess for:**

1. **Hyponatremia** c)Hypocalcemia
2. Hyperkalemia d) Hypermagnesemia

**3- Manifestations of digitalis toxicity involve the**

1. Respiratory system c) Genital system
2. Endocrine system **d)Nervous system**

**4- Nursing assessment of bleeding may include all the following except one:**

1. Inspect the sputum c) **Inspect the bones**
2. Inspect the urine d)Inspect the stool

**6- A client is receiving an intravenous magnesium infusion to correct a serum level of 1.4 mEq /L. Which of the following assessments would alert the nurse to immediately stop the infusion?**

1. **Activation nerve impulse**
2. Diarrhea
3. Premature ventricular contractions
4. Increase in blood pressure

**7- For patient with iron mal-absorption, the nurse should give iron by**

1. Oral intake c) Subcutaneous injection
2. **IM injection**  d) Intradermal injection

**8- Which of the following should be avoided to prevent bleeding for patients with hemophilia?**

1. Enema c) **Coughing**
2. Mouth wash d) IV injection

**9- The diet that should be provided to patient with heart failure should include**

1. Low carbohydrate c) Decreased vegetables
2. **Decreased fat**  d) Decreased potassium

**10- To prevent occurrence of rheumatoid endocarditis we should recognize manifestations of**

1. Staphylococcal infection c) **Streptococcal infection**
2. Pneumococcal infection d) Meningococcal infection

**11- Thrombocytopenia is the elevated number of:**

1. WBCs c)**Platelets**
2. RBCs d)Hemoglobin

**12- Formation of new blood cells occurs in the:**

1. Spleen c) Brain
2. blood vessels d) **Bone marrow**

**13- A client with a serum sodium of 115 mEq/L and has been received 3% NS at 50 ml/hr for 16 hours this morning the client feels tired and short of breath. Which of the following interventions is a priority to be done?**

1. Turn down the infusion
2. Check the latest sodium level
3. **Assess for signs of fluid overload**
4. Call for the physician

**14- Tetany, or muscles tightening, is considered the most characteristic sign of:**

1. Hyponatremia c) Hypokalemia
2. **Hypocalcemia**  d) Polyuria

**15- The normal blood glucose level in oral glucose tolerance test is**

1. 126 mg/dl c**) < 140 mg/dl**
2. 140-<200mg/dl d) 200 mg/dl

**16**- **Arterial insufficiency is characterized by**

1. intermittent claudication &constant pain
2. diminished or absent pulse
3. skinis thickened & tough and associated with dermatitis
4. **a and b**

**17 -To reduce accumulation of secretion for patients with pneumonia, the nurse**

**should instruct all the following except one**

1. Promote fluid intake
2. breathing and coughing exercise
3. **Diet rich in carbohydrates and vitamin C**
4. Chest physiotherapy as percussion and vibration and postural drainage

**18- All the following is controllable risk factors for cancer**; **except one:**

1. Obesity, diet and exercise and Tobacco use-
2. Alcohol and drugs abuse
3. Occupational exposure
4. **Age ,Genetic conditions; Previous history of cancer**

**19- Acute renal failure is**

1. Irreversible damage to the nephrons
2. Reversible with early, aggressive treatment
3. Diagnosed with end-stage kidney disease
4. all the above

**20- When doing gastric analysis, the nurse should do all the following**

**Except one:**

1. Insert nasogastric tube
2. Aspirate stomach contents into syringe
3. Determine gastric acidity by pH
4. **Give atropine to reduce secretions**

**Section II: Please, read the statement carefully and write the letter (T) if the statement is true and the letter (F) if the statement is false. ( 20 marks)**

|  |  |
| --- | --- |
| **Statements** | **True/**  **False** |
| 1- Anticoagulants agent is used to treat bleeding disorders. | **F** |
| 2-Iron deficiency anemia occurs when dietary iron is adequate for hemoglobin synthesis. | **F** |
| 3- Patient with chest pain of myocardial infarction should relieve by rest only. | **F** |
| 4- Extracellular fluid Is found outside of cell and its account 1/3 of the total body fluid. | **F** |
| 5- Decreased intravascular, interstitial and/ or intracellular fluids. This refers to hydration. | **F** |
| 6-The transcellular space is the smallest division of the ECF compartment and contains approximately 1 L. | **T** |
| 7- If there is an increase in phosphorus, the rate of Ca is decrease. | **T** |
| 8- Occlusive peripheral arterial disease is blockage of narrowing of vein in legs. | **F** |
| 9- When do percussion, the nurse should assess for masses and tenderness | **F** |
| 10-In Patients with gastric ulcer, vomiting and hemorrhage is more common problems**.** | **T** |
| 11- When doing inspection for GIT disorder , the nurse should check condition of the skin and oral cavity | **T** |
| 12- Staging of cancer is the relative size and extent of disease | **T** |
| 13- Instruct the patient with chemotherapy to use alcohol for mouth wash every two hrs, while a wake morning and every 6hrs. at night | **F** |
| 14- Acupuncture is a method of treatment that controls of symptoms caused by cancer | **T** |
| 15-The pain associated with UTI is quickly relieved once effective  diuretic therapy is initiated. | **F** |
| 16-Instruct the patient with acute renal failure to avoid a diet high in carbohydrates and high in protein, salt, and potassium. | **F** |
| 17- Calcium and insulin can help avoid dangerous increases in blood potassium levels. | **T** |
| 18-UTIs may result from fecal organisms that ascend from the perineum to the urethra and the bladder. | **T** |
| 19- Cough in the morning with sputum production is indicative of bronchial  Asthma. | **F** |
| 20- A liquid or soft diet is provided for patient with acute pharyngitis  during the acute stage | **T** |

1. Top of Form
2. Bottom of Form

**Section III: Matching Type Questions *( 20 marks )***

**part (1) : Match the description in column I with the correct word in columnII**

|  |  |
| --- | --- |
| **Column I** | **Column II** |
| 1- Severe left chest pain relieved by rest and nitroglycerin. | 1. Referred pain |
| 2- A severe prolonged left chest pain. | 1. Cholelithiasis |
| 3- Complete eradication of malignant disease: | 1. Curative treatment |
| 4- Calculi usually form in the gallbladder**.** | 1. Elevate his feet |
| 5**-** Painoccurs in an area of the body that is remote from the affected organ | 1. Myocardial infarction |
| 6- To reduce pain for patient with varicose vein | 1. Angina pectoris |
| **7-** pain originates in muscles, nerves, bones and blood vessels | 1. Distraction stimulation |
| 8- It is a method of pain management depend on focusing the patient's attention on something other than pain | 1. Deep somatic pain |
| 9-Epigastric pain for patient with gastric ulcer may be worse | 1. Dorsal recumbent |
| 10- Position used for abdominal , thoracic and extremities surgery | 1. After eating |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **f** | **e** | **c** | **b** | **a** | **d** | **h** | **g** | **j** | **i** |

**part (2) : Match the description in column I with the correct word in columnII**

|  |  |
| --- | --- |
| **Column I** | **Column II** |
| 1. To prevent the incidence of deep venous | 1. 125ml per minute |
| 1. blood clot is the leading cause of | 1. Urine stasis |
| 1. From symptoms of lower UTI( cystitis ), | 1. Lower than 15 ml |
| 1. Infrequent emptying the bladder leading to | 1. Blockage of artery |
| 1. kidneys of healthy individuals can typically filter about | 1. Wear elastic stockings |
| 1. Renal failure has occurred If GFR rate is | 1. burning on urination |
| 1. Caused by aspiration or inhalation of chemicals | 1. Chronic pharyngitis |
| 1. FromSigns and symptoms of upper UTI(pyelonephritis) | 1. Fever chills, and flank pain |
| 1. Chronic exposure to airway irritants of allergens | 1. pneumonia |
| 1. Is a persistent inflammation of the pharynx | 1. Bronchial asthma |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| E | d | f | b | a | c | i | h | j | g |

**Section IV: Answer the following (20 marks)**

**1-Write five of nursing intervention to prevent infection for patient with leukemia: (5marks)**

* Place patient in private room with hand washing precautions enforced.
* Avoid exposure to all sources of stagnant water e.g denture cups, water pitchers, humidifiers.
* Encourage or assist with personal hygiene, mouth care, perineal care, daily shower or bath with mild soap.
* Inspect skin and mucous membrane daily for signs of infection.
* Monitor vital signs every 4h & obtain pulse oximeter reading.
* Assess respiratory function, encourage ambulation & deep breathing.
* Assess for changes in mental status at least every 8h including: restlessness, irritability, confusion, headache, or changes in level of consciousness. (there are signs for sepsis).
* Avoid invasive procedures if possible e.g urinary catheterization, in needed. Use strict aseptic technique.
* Prevent rectal trauma by avoiding rectal tempt, enema, or suppositories.
* Use sits bath & cream for pt é diarrhea and hemorrhoids.
* Use stool softeners as needed to prevent constipation.
* Obtain culture of suspected infected sites or body fluids.

**2 - List four nursing management for patient with hypothyroidism:** (**4 Marks)**

**A-Modifying activity:**

1. The patient's ability to exercise and participate in activities is further limited by the changes in cardiovascular and pulmonary status.
2. The nurse should assist in care and encouraging the patient to participate in activities to prevent complications of immobility.
3. Maintain bed rest – when pt's status improved activity.

**B. Monitoring physical status:**

The patient's vital signs and cognitive level are monitored closely to detect deterioration of physical and mental status.

**C.** **Promoting physical comfort:**

1. Extra clothing is provided, and the patient is protected from drafts.
2. Use of heating pads and electric blankets is avoided because of the risk of peripheral vasodilatation.

**D.** **Providing emotional support:**

The patient and family may require assistance and counselling to deal with the emotional concerns and reactions that result.

* + Provide thyroid hormones as prescribed.
  + Monitor the patient for signs of angina or myocardial infarction.
  + Assess mental status of the pt.
  + Monitor arterial blood gases & pulse oximetry.
  + Provide low caloric high fibrous diet.
  + Instruct the patient to gradually increase activity.

**3- Write three nursing intervention for patient with TB. to promote**

**his airway ? (3 Marks)**

-Increasing fluid intake

-promotes systemic hydration and serves as an effective expectorant.

-The nurse instructs the patient about correct positioning to facilitate airway drainage (postural drainage).

**4- To prevent recurrent of UTI and the possibility of complications, such as renal failure and sepsis, thus the patient must be taught to: ( 3 Marks)**

- recognize early signs and symptoms,

- test for bacteriuria, and

- initiate treatment as prescribed.

**5- Write by details the nursing role for diabetic's patient education? (5 Marks)**

**Patient’s education**

**- Diet**

***Carbohydrates 50%***

- Simple carbohydrates as sugar, honey, and jam should be avoided

- Complex carbohydrates such as bread, rice have delayed absorption so it recommended than simple type.

***Fat 30%***

- Saturated fats such as migraine and hydrogenated oils should be avoided

- Unsaturated fats such as plant oil allowed for patients

***Proteins 20%***

- Plants sources such as beans allowed for patients - Animal sources such as meat should be limited.

***Fibers***

The patients need to increase fibers in their diet which helps in delayed carbohydrates metabolism so, it delayed glucose absorption, prevent constipation.

5- Maintain time interval between meals with the additional snack.

**-Self monitoring of blood glucose**

**-Self monitoring of glucose and ketone in urine**

**To:**

* Adjust treatment regimen.
* Prevent and detect of hypoglycemia.
* Reduce long term complication.

**Learn patient insulin self injection -**

-Exercise and delayed meals decrease the need for insulin.

-Systematic rotation of injection site is necessary to prevent scar tissue and allow for absorption.

-Each injection should from the previous one by approximately 2.5 cm.

**- Exercise and weight reduction**

1. Perform exercises one hour after meal
2. Take snack before the exercises
3. Take simple carbohydrate every 30 min. during the exercises
4. Self-monitoring of blood glucose before, during and after the exercises
5. Avoid performing the exercises in hot or cold weather.
6. Inspect the foot daily after exercises

**- Frequently measure body weight.**

-Periodic checkup (systematic) **( Appendix I** )

- Identification card

- Avoid smoking

- Foot care

-Teach the patient the signs and symptoms of hypoglycemia and hyperglycemia.

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***Good Luck***

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