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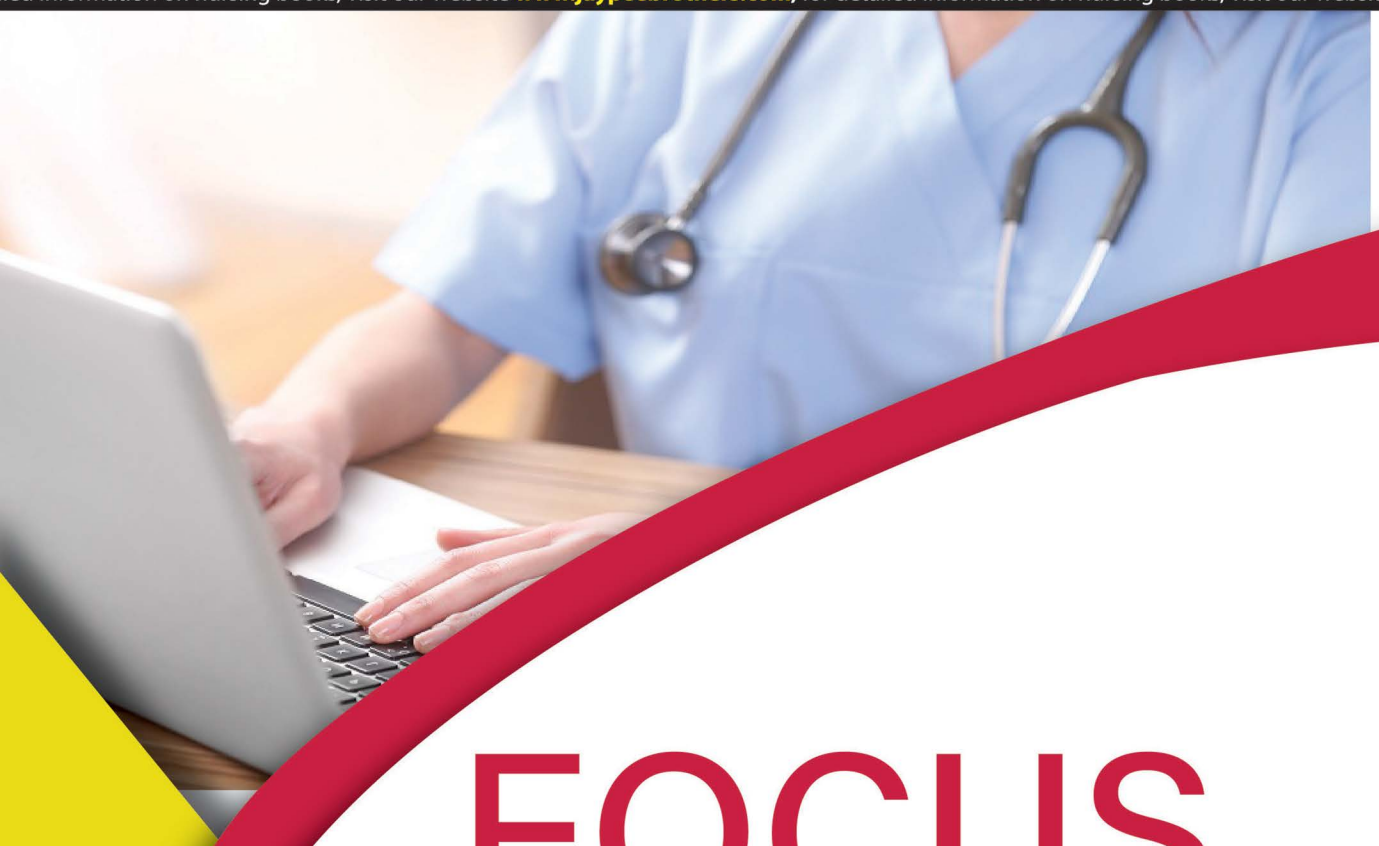



FOCUS
Item Inventory for NURSING Officers

Munira Kachroo

JAYPEE

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CHAPTER 3

Medical Surgical Nursing including Nursing Foundation

JAYPEE BROTHERS

QUESTIONS

1. Nurse is advised to suck out secretions of a client from nose as well as mouth. She will proceed from:
a. Mouth to nose
b. Nose to mouth
c. Where secretions are more
d. Where secretions are less

2. In order to maintain alignment of foot, a client is provided with which comfort device so that he/she can be prevented from foot drop:
a. Back rest
b. Foot board
c. Bed cradle
d. Over bed table

3. While giving eye care, a nurse must proceed from:
a. Outer to inner canthus
b. Inner to outer canthus
c. Inner canthus to middle of eye
d. Outer canthus to middle of eye

Inner canthus has lacrimal opening so to prevent secretions from going there in the duct can infect it.

4. A client with hypovolemic shock is placed in which position:
a. Fowler's position
b. Knee chest position
c. Trendelenburg position
d. Sims' position

In Trendelenburg position, clients head is lower than foot end thus enhances venous return to heart, increases cardiac output and improve organ perfusion.

5. Oxygen saturation is measured by use of:
a. Endoscope
b. Fetoscope
c. Ophthalmoscope
d. Pulse oximeter

6. An unconscious client should be preferably placed in which position:
a. Fowler's position
b. Side-lying position
c. Trendelenburg position
d. Supine position

Side-lying position prevents from aspiration of secretions.

7. A client immediately after surgery is put in:
a. Fowler's position
b. Side-lying position
c. Trendelenburg position
d. Supine position with head turned to one side

Head turning to one side aids in passing secretions out of mouth.

8. Knee chest position is also called as:
a. Fowler's position
b. Genupectoral position
c. Lithotomy position
d. Sims' position

9. I/V infusion of 1000 ml are ordered for 12 hours for a client. How many drops per minute, the client should receive:
a. 20 drops
b. 21 drops
c. 22 drops
d. 23 drops

Apply Formula: Amount of fluid × drop in 1 ml/time in minutes.

1000 × 15/12 × 60 = 20.833 (21 drops) since 1 ml contains 15 drops.

10. Homan's sign is also called as:
a. Dorsiflexion sign
b. Anteversion sign
c. Mediolateral sign
d. Anteflexion sign

Answers	1. a	2. b	3. b	4. c	5. d	6. b	7. d	8. b	9. b	10. a

11. The discomfort felt behind the knee (calf pain) upon forced dorsiflexion of the foot is called as:
a. Homan's sign
b. Osiander's sign
c. Chvostek sign
d. Trousseau's sign

12. The contraction of fascial muscles provoked by lightly tapping over the fascial nerve anterior to the ear is:
a. Trousseau's sign
b. Chvostek sign
c. Homans' sign
d. Bobak sign

13. Visual acuity of a person can be measured by use of:
a. Snellen chart
b. Tonometer
c. Fundoscope
d. Refractometer

14. Tonometer is used to measure:
a. Blood pressure
b. Cerebrospinal pressure
c. Intraocular pressure
d. Osmotic pressure

15. Glasgow coma scale is used to assess:
a. Risk of bed sore
b. Visual acuity
c. Level of consciousness
d. Extend of burn injury

Risks of bed sore is assessed by use of Braden scale, visual acuity by using Snellen chart and extend of burn injury by Wallace rule of nine or Lund and Browder chart.

16. Glasgow coma scale assess following responses to know level of consciousness, *except:*
a. Eye opening
b. Pupil dilatation
c. Verbal response
d. Motor response

17. Greenish or brownish urine suggests the presence of:
a. Bile pigments
b. Fat globules
c. Blood
d. Albumin/proteins

18. Bad odor of mouth and breath is termed as:
a. Plague
b. Cheilosis
c. Halitosis
d. Sordes

Plague is hard crust on teeth. Cheilosis is crack and ulcer formation on angles of the lips. Sordes is brown crust on lips and teeth, commonly seen in unconscious patient whose mouth hygiene is not maintained.

19. A nurse gives following instructions to a client with Addison's disease about measures to prevent Addisonian crisis:
a. Avoid stressful situation
b. Eat a high protein diet
c. Avoid exposure to cold
d. Eat high carbohydrate diet

20. A client with cardiomyopathy stops eating, takes long naps, and turns away from the nurse when she talks with the client. The nurse identifies that client is experiencing:
a. Muscle disorders
b. Activity intolerance
c. Depression
d. Intractable pain

21. Wallace rule of nine to assess the percentage of burn injury is used in:
a. Infants only
b. Children only
c. Adults only
d. Any age group

22. Assessment of burn injury is done in pediatrics by using:
a. Lund and Browder Chart
b. Braden scale
c. Bishops scale
d. Hamilton scale

Braden scale is used to assess the risk of bed sore, Bishop scale is used to assess prelabor score to determine if induction is needed, Hamilton scale is used to assess anxiety, depression, hair loss.

23. Braden scale used to assess the risk of bed sore formation has following indicators, *except*:
a. Sensory and mobility perception
b. Moisture and activity
c. Friction and shear
d. Blood pressure

24. Fever is called high grade fever when thermometer denotes body temperature of:
a. More than 102°F
b. More than 103°F
c. More than 104°F
d. More than 105°F

25. First action a nurse should do if a client develops transfusion reaction:
a. Stop transfusion
b. Immediately inform the doctor
c. Immediately inform the blood bank staff
d. Wrap the client in blankets

26. Stages of grief process described by Kubler Ross include:
a. Denial and anger
b. Bargaining
c. Depression and acceptance
d. Denial, anger, bargaining, depression and acceptance

27. The color of purulent drainage from wound is:
a. Greenish/yellowish
b. Red
c. Pink
d. Clear and watery

28. When blood pressure falls on standing after prolonged sitting or lying down. It is termed as:
a. Supine hypotension
b. Postural hypotension
c. Orthostatic hypotension
d. All of the above

29. How much systolic blood pressure falls in postural hypotension within 3 minutes of standing?
a. 5 mm Hg
b. 10 mm Hg
c. 15 mm Hg
d. 20 mm Hg

Answers										
	11. a	12. b	13. a	14. c	15. c	16. b	17. a	18. c	19. a	20. c
	21. c	22. a	23. d	24. c	25. a	26. d	27. a	28. d	29. d	

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30. How much diastolic blood pressure falls in postural hypotension within 3 minutes of standing?
a. 5 mm Hg b. 10 mm Hg
c. 15 mm Hg d. 20 mm Hg

31. Age and sex are risk factors for certain diseases. These risk factors are:
a. Modifiable b. Nonmodifiable
c. Pathogenic d. Genetic

32. Modifiable risk factors are also called as:
a. Life style risk factors
b. Non modifiable risk factors
c. Pathogenic risk factors
d. Genetic risk factors

Life style risk factors like weight, smoking, alcohol or drug abuse can be modified in life.

33. One of the following indicates portal hypertension:
a. Elevated blood pressure b. Ascites
c. Hematemesis d. Delirium

Increase in blood pressure of portal venous system which include the veins coming from stomach, intestines, pancreas and spleen branches into smaller vessels which travel through liver rupture due to high pressure and cause hemtemesis or melena which is life threatening.

34. A client with suspected meningitis is being scheduled for diagnostic tests. Which of the following diagnostic tests will most likely be used to confirm the diagnosis?
a. Serum electrolytes b. Electromyography
c. WBC count d. Lumbar puncture

35. While caring for a client with head injury, which is the most critical index of client's central nervous system function, a nurse monitors?
a. Temperature
b. Level of consciousness
c. Ability to speak
d. Blood pressure

36. A client has been taught to use a walker to aid in mobility following internal fixation of a hip fracture. The nurse determines that the client is using walker incorrectly if the client:
a. Holds the walker using the hand grips
b. Leans forward slightly when advancing the walker
c. Advances the walker with reciprocal motion
d. Supports body weight on the hands while advancing the walker leg

37. A client with possible renal disease is scheduled to undergo diagnostic testing by intravenous pyelogram (IVP). To ensure safety of client, which history is important to be collected?
a. Long-term use of diuretic medication
b. Frequent and chronic antibiotic use
c. Family incidence of renal disease
d. Allergy to shellfish or iodine

38. A nurse is asked to check the corneal reflex on an unconscious client. The nurse would use which of the following as the safest stimulus to touch the cornea?
a. Sterile drop of saline b. Wisp of cotton
c. Sterile glove d. Tip of 1 ml syringe

39. A client is scheduled for bone marrow aspiration. The nurse plans to bring which of the following skin cleansing agents to the bedside before the procedure to prevent infection?
a. Soap and water
b. Povidine
c. Alcohol swabs
d. Hydrogen peroxide

40. A client is prescribed to receive 5 pints of 5% dextrose and 2 liters of normal saline in 24 hours. How many drops per minute, a nurse should adjust as flow rate of the client?
a. 21 drops b. 45 drops
c. 28 drops d. 36 drops

41. An adolescent asks a nurse about the procedure to become organ donor. The nurse most accurately tells the adolescent that:
a. An adolescent who is at least 16 years of age can become a donor
b. Written consent is never required to become a donor
c. The family is responsible for making the decision
d. A donor must be 18 years or older to give consent

42. A client with Bell's palsy is scheduled for MRI. How a nurse should ensure a safe environment for this test by issuing which standard order?
a. Shave the groin for safe insertion of femoral catheter
b. Apply metal-tipped electrodes on the client's chest
c. Ensure that the client stays nil orally for 6 hours beforehand
d. Remove all elements containing metal from the client

43. A client with endocarditis must use an electric razor rather than a straight razor for shaving because of what reason?
a. Straight razors harbor more microorganisms
b. Cuts or injuries should be avoided during anticoagulant therapy
c. The client is at higher risk of infection because of any cut
d. An electric razor can be sanitized easily

Answers
30. b 31. b 32. a 33. c 34. d 35. b 36. c 37. d 38. a 39. b
40. b 41. d 42. d 43. b

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44. One of the following interventions is essential for the nurse to include in care plan for a client who had recently undergone bilateral adrenalectomy:
a. Consider occupational therapy
b. Discuss change in body image
c. Reduce social contacts
d. Avoid stressful situations

45. While caring for a client with chest tube placed for drainage for empyema, which breathing exercises nurse would teach to promote respiratory function:
a. Diaphragmatic and pursed lip breathing
b. Diaphragmatic breathing
c. Incentive spirometry only
d. Deep breathing only

46. Which of the following is the best way to prevent spread of infection in the hospital?
a. Follow the hospital policy and procedure
b. Use proper hand washing technique
c. Use sterile techniques with all procedures
d. Never stop in the middle of the procedure

47. After tracheostomy care, nurse inserts inner non-disposable cannula into the tracheostomy tube soon after:
a. Tapping it dry lightly against a sterile surface
b. Drying it with a sterile cotton ball
c. Suctioning the airway
d. Rinsing it in sterile water

48. After removing the thermometer from the mouth of the client, it should be cleaned:
a. From stem to bulb
b. From bulb to stem
c. By applying antiseptic lotion on the bulb
d. By dipping in soap solution

49. While inserting nasogastric (NG) tube into the stomach of the client, the most potentially hazardous method for checking placement of the tube is:
a. Instilling 10–20 ml of air into the NG tube while auscultating over the stomach
b. Submerging the NG tube into water to check bubbling
c. Aspirating the NG tube with a 50 ml syringe for gastric contents
d. Measuring the pH of gastric aspirate

50. What measures a nurse must follow to alleviate the anxiety of an elderly client who is being hospitalized?
a. Keep visitors to the minimum number possible
b. Keep the doors open and lights on at all times
c. Admit the client to a room far away from nurses' station
d. Allow the client to have as many choices related to care as possible

51. A pregnant client tells a nurse that she is leaking clear fluid vaginally. The nurse while inspecting the perineum finds the presence of umbilical cord. Her immediate action is:
a. Notify the registered nurse
b. Monitor fetal heart rate
c. Place the client in Trendelenburg's position
d. Transfer the client to the delivery room

52. Which of the following measure is NOT appropriate to relieve heart burn of a client in third trimester of her pregnancy?
a. Use small frequent meals
b. Chew a chewing gum
c. Take small sips of milk or tea
d. Use antacid that contain sodium

53. While feeding through nasogastric tube, the nurse has found the tube clogged, which of the following safe actions she should take first?
a. Aspirate the tube
b. Flush with a carbonated liquid such as cola
c. Prepare to remove and replace the tube
d. Flush the tube with warm water

54. A nurse is caring for a child with fever. Which safe action she implements when giving this child a tepid tub bath?
a. Add water slowly to the warmer bath water
b. Let the child dip in the tub for 10 minutes
c. Add alcohol to the bath water
d. Warm the water to the same body temperature of the child

55. While caring for an older client who is a victim of physical abuse, what should be the nurses' priority of action?
a. Referring the abusing family members for treatment
b. Adhering to mandatory abuse reporting law
c. Encouraging the client to file charge against the abuser
d. Removing the client from any immediate danger

56. What safety measure a nurse should adopt while caring for an old client who had a hip pinned after being fractured?
a. Keep the call bell away from reach
b. Keeping up the side rails
c. Don't bother for the lights of the environment
d. Keeping leg elevated

Answers	44. d	45. a	46. b	47. a	48. a	49. b	50. d	51. c	52. d	53. a
	54. a	55. d	56. b							

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57. A paraplegic client who has risk of injury of leg muscles is in the care of a nurse. What should be avoided which is least helpful?
a. Using restraints to immobilize the limbs
b. Administering a stat order of muscle relaxant
c. Removing potentially harmful objects
d. Performing range of motion exercises

58. Which position is safe for a client who is with tracheostomy and needs suctioning to promote his lung expansion?
a. Supine
b. High Fowler's
c. Semi-Fowler's
d. Lateral

59. A person cannot donate an organ if he/she is:
a. Allergic to any antibiotic
b. 38 years of age
c. Having Hepatitis B infection
d. Rh negative

60. A client with head injury had vigorous treatment to control cerebral edema. To maintain viability of kidneys before organ donation, what should be nurse's action?
a. Monitoring temperature
b. Administering I/V fluids
c. Checking respiration
d. Frequent range of motion to extremities

61. A client with Raynaud's disease approaches a nurse and tells how to handle stressful situation at job. The nurse encourages:
a. Change job
b. Seek help of a psychologist
c. Use ear plugs to minimize environmental noise
d. Consider a stress management program

62. A client with Sengstaken-Blakemore tube in place is admitted in gastroenterology unit from emergency unit. The purpose of this tube is:
a. Remove ammonia forming bacteria from GI tract
b. Control ascites
c. Control bleeding from gastritis
d. Apply pressure to esophageal varices

63. A client with chronic obstructive pulmonary disease (COPD) is given instructions by nurse about following breathing technique:
a. Intercostal chest expansion
b. Pursed lip breathing
c. Inspiratory breathing
d. Chest physical therapy

Pursed lip breathing allows client to exhale carbon dioxide slowly while keeping airways open. Others are not breathing techniques.

64. A nurse is teaching a client with COPD about technique of pursed lip breathing as follows:
a. The exhalation should be twice as long as inhalation
b. The inhalation should be twice as long as exhalation
c. Inhale with pursed lip and exhale with the mouth wide open
d. Loose abdominal muscles while breathing out

65. A client is brought into emergency unit head. The nurse's first action is to assess:
a. Temperature, pulse and BP
b. Ability to move extremities
c. Respiratory status
d. Level of consciousness

66. A common finding while collecting history of a client with pancreatitis includes:
a. History of diarrhea
b. History of hypertension
c. Abdominal pain relieved with food or antacid
d. Use of alcohol

67. While removing chest tube, the nurse instructs the client to:
a. Hold the breath
b. Breathe out forcibly
c. Breathe normally
d. Breathe in deeply

Holding the breath increases intrathoracic pressure thereby lessening the potential for air to enter the pleural space.

68. When assessing a client for the major post operative complication after a craniotomy, the nurse monitors for:
a. Hypotension
b. Restlessness
c. Bradycardia
d. Bleeding

The major complication after craniotomy is increased intracranial pressure from cerebral edema, hemorrhage, or obstruction in the normal flow of CSF thus the client shows symptoms of increased intracranial pressure which include severe headache, restlessness, deterioration in level of consciousness, irritability, change in pupil size and slow and non-reactive of pupils to light.

69. A client with a closed head injury has fluid leaking from the ear. The nurse should first:
a. Notify the physician
b. Irrigate the ear canal gently
c. Test the drainage for pH
d. Test the drainage for glucose

In closed head injury the client may leak out CSF from ear or nose. If glucose is present in drainage it indicates CSF. Irrigation is not done as it might cause infection.

Answers

57. a	58. c	59. c	60. b	61. d	62. d	63. b	64. a	65. c	66. d
67. a	68. b	69. d						

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70. A client with thrombophlebitis of the left leg is advised bed rest with:
a. Left leg elevated
b. Left leg to be kept flat
c. Left leg in a dependent position
d. Elevation of head

71. The instructions given to a client with jaundice who is experiencing pruritis include all, *except:*
a. Use tepid water for bathing
b. Take prescribed antihistamines to relieve the itching
c. Wear loose cotton clothing
d. Maintain warm room temperature

Pruritus in jaundiced clients is due to accumulation of bile salts in the skin and results from obstructed biliary excretions. Cool room temperature also relieves the problem.

72. A client scheduled for pulmonary angiography is fearful about procedure that it may give pain and involve radiation exposure. The nurse gives reassurance that:
a. That procedure is somewhat painful but has minimal exposure to radiation
b. Discomfort may occur with needle insertion and there is minimal exposure to radiation
c. There is absolutely no pain, although a moderate amount of exposure is there to get accurate results
d. There is very mild pain throughout the procedure and exposure to radiation is negligible

73. A client who has undergone nephrectomy (left kidney) and right kidney appears normal. The client is anxious about dialysis. What information nurse should share with the client?
a. There is no need for dialysis
b. Dialysis may become likely if you adhere to fluid restriction
c. One kidney is adequate to meet the demands of body as long as it functions normally
d. There is likelihood of necessity for dialysis within 5 to 10 years.

74. The common signs and symptoms of rheumatic fever include all, *except:*
a. Fever
b. GI bleeding
c. Pain in the chest
d. Painful tender joints

75. A client with abdominal surgery is with nasogastric tube. On 1st postoperative day, the nurse finds absence of bowel sounds. The nurse's best action is to:
a. Continue monitoring of bowel sounds
b. Contact physician
c. Remove nasogastric tube
d. Feed the client

76. As soon as the client is out of the effect of anesthesia after subtotal thyroidectomy, the client is placed in:
a. Supine position to control bleeding from laryngeal nerves
b. On his back in a low Fowler's position with head and neck supported to control bleeding
c. High Fowler's position with head and neck supported to control bleeding
d. Prone position

77. An emergency arrived in eye department. A client with glaucoma needs consultation of ophthalmologist. Nurse will keep ready:
a. Tonometer
b. Audiometer
c. Glucometer
d. Fundoscope

78. A client has suffered an accident and burned his eye with acid. Emergency treatment that might be given is:
a. Apply cold compress
b. Take the client to physician
c. Wash eye with normal saline
d. Irrigate with a weak solution of sodium bicarbonate

79. Nursing care of a client with infective hepatitis includes:
a. Bowel wash
b. Hourly checking of temperature
c. Restriction of fluids
d. Bowel wash and barrier nursing

80. Edema found on operated side of the arm by a client after radical mastectomy is due to:
a. Oozing of lymph
b. Hematoma
c. Collection of discharge
d. Sepsis

81. After radical mastectomy, a client visits in emergency ward and is worried about her swollen arm on operated side. The first advice nurse gives would be:
a. Elevate the arm
b. Do active exercises of the arm
c. Apply hot fomentation
d. Apply a crepe bandage and do your routine domestic work

82. The chief symptom of early Ca cervix is:
a. Severe pain
b. Dyspareunia
c. Irregular vaginal bleeding
d. Swelling in lower abdomen

83. While giving external cardiac massage, the nurse must:
a. Stand on head side of client
b. Stand upright on any side of client
c. Kneel on the left side of the bed
d. Stand on foot end of client

Answers	70. a	71. d	72. b	73. c	74. b	75. a	76. b	77. a	78. d	79. d
	80. a	81. a	82. c	83. c						

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84. Rice water stools are found in:
a. Enteric fever
b. Cholera
c. Amebic dysentery
d. Shigellosis

85. Nursing measures to induce urination in retention of urine is that nurse should immediately:
a. Apply hot water bag on abdomen
b. Catheterize the client
c. Offer bed pan to client
d. Ask client to sit on commode and press lower abdomen

86. During transfusion of blood nurse should follow which of the following nursing measure:
a. Check the vital signs
b. Maintain the rate of transfusion
c. Elevate the arm used for transfusion
d. Assess the level of consciousness

87. A client with right ventricular failure arrives in emergency department with history of episodes of epistaxis. It might be due to:
a. Rupture of ventricle
b. Pulmonary hypertension
c. Rupture of nasal blood vessels
d. Rupture of bronchioles

88. The immediate treatment to start on a client of right ventricular failure to ease his respiration is:
a. Open the windows
b. Take rest in propped up position
c. Start oxygen inhalation
d. Restrict salt and fluids

89. A nurse is assisting a physician in defibrillating a client. Which of the items need not be removed from the bedside before the client is defibrillated?
a. Back board
b. Oxygen
c. Nitroglycerine patch
d. Ventilator

90. After an intramuscular injection, which of the following action nurse would do first?
a. Recap the needle
b. Place the syringe on the locker
c. Ask him to ambulate to aid in absorption
d. Massage the injection site with a spirit swab

91. A nurse is collecting data regarding home safety from an older client who is at risk of falls. The nurse determines that which of the following items in the home poses a potential risk for the client?
a. Shower seat
b. Scatter rugs
c. Railing on staircase
d. Bathroom handrails

92. A nurse is reinforcing instructions with a client discharged from the hospital with home oxygen. Which statement by the client indicates a need for further instructions?
a. "I should place the oxygen concentrator tightly in a corner"
b. "I should keep open flames at least 1 feet away from the oxygen source"
c. "No one can smoke near the oxygen"
d. "I should keep oxygen tank secured in a holder"

93. A nurse is caring for a client with pelvic traction. Which of the following physicians orders, would the nurse determine requires clarification?
a. Apply girdle snuggly over the clients' pelvis and iliac crest
b. Raise the head of the bed 30 degrees
c. Observe the pressure points over the iliac crest
d. Keep the client in good alignment

94. A nurse is collecting data regarding clients' risk for falls. The nurse would recognize that which of the following factors DOES NOT put the client on added risk?
a. Cataracts
b. Episodes of dizziness
c. Use of sedatives
d. Use of orthopedic shoes

95. A physician has written an order for the preoperative client to have "enemas until clear". The nurse has administered three enemas and the client is still passing brown liquid stool. Which of the following actions, the nurse would take next?
a. Wait 30 minutes and administer another enema
b. Continue to administer enema
c. Notify the physician
d. Administer an oil retention enema

96. Which of the clients are at greatest risk of developing osteoporosis?
a. A 36-year-old male with asthma
b. A 25-year-old female who jogs
c. A sedentary 65-year-old female who is smoker
d. A 70-year-old male who consumes excess alcohol

Tobacco use causes heart diseases, lung disease and esophageal cancer. Research also identifies smoking as a risk factor for osteoporosis and bone fracture. A 65-year-old lady is menopausal which adds to her risk because there is fall in estrogen level to promotes the activity of osteoblasts, the cells that produce bone.

97. What discharge instructions, a nurse should give to a client of rheumatoid arthritis, so to lessen clients discomfort and provide joint protection?
a. Change position every hour
b. Lift items rather than slide them
c. Perform prescribed exercises even if the joints are inflamed
d. Avoid stooping, bending or over reaching

Answers

84. b	85. a	86. a	87. b	88. c	89. a	90. d	91. b	92. a	93. b
94. d	95. c	96. c	97. d						

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98. A client with iron deficiency anemia is put on oral iron therapy. The nurse would instruct to take iron with which of the following:
a. Milk b. Egg
c. Coffee d. Lemon juice

Lemon juice is rich in iron which aids in absorption of iron.

99. For which of the following hobbies a client with silicosis can prevent his exposure to silica:
a. Pottery making b. Gardening
c. Wood working d. Painting

100. The great nurse scholar who stressed on independent function of client to be enhanced is:
a. Virginia Henderson b. Imogene King
c. Callistra Roy d. Betty Neuman

101. Interaction and interpersonal theory in nursing is recommended by:
a. Peplau b. Florence Nightingale
c. Imogene King d. Callistra Roy

102. Orem's theory advocated in nursing is based on?
a. Systems theory
b. Self-care theory
c. Interdependence theory
d. Stimulus-response theory

103. According to Roy's nursing theory, the environmental change is important to bring change in one of the following stimulus:
a. Residual stimulus
b. Focal stimulus
c. Contextual stimulus
d. Conditional stimulus

104. The tribute is paid to Florence Nightingale, the founder of nursing every year on:
a. 8th May b. 15th May
c. 11th May d. 12th May

105. Cranial surgery is performed on an adolescent who sustained a head injury. One of the following psychosocial complications would be of most concern for the adolescent:
a. Head area shaved for surgical procedure
b. Residual headache
c. Administration of barbiturate medication
d. Short-term memory loss

106. A client is brought to the emergency unit by police with wounded both wrists. The initial action, the nurse will undertake is to:
a. Administer an antianxiety agent
b. Record a detailed history
c. Encourage client to verbalize his feelings
d. Examine and treat the wound sites

107. A client who is being cared at home by his daughter. A home care nurse finds that the daughter is threatening the client that if he refuses to take medication, he will be shifted to some health care agency. The nurse understands that client becomes victim of:
a. Sexual abuse
b. Economic maltreatment
c. Emotional abuse
d. Neglect

108. While preparing a desired strength of 1:6000 $KMnO_4$ 3 pints from a stock strength of 1:1000, the amount of $KMnO_4$ solution, you will prepare?
a. 200 ml b. 250 ml
c. 9000 ml d. 3000 ml

Apply formula D/HXQ = A whereas D is desired strength (1/6000), H is strength in hand (1/1000), Q is quantity needed (3 pints = 1500 ml), A is amount needed which is to be calculated. 1/6000 × 1000/1 × 1500 = 250 ml.

109. The formula for converting centigrade temperature into Fahrenheit temperature is:
a. C = F – 32 × 5/9 b. F = C × 9/5 + 32
c. F = C + 32 × 5/9 d. C = F × 9/5 – 32

110. Countereffect of hot fomentation when given for more than 45 minutes is:
a. Superficial cooling
b. Vasoconstriction of deep vessels
c. Vasodilatation of deep vessels
d. Peripheral resistance

111. The formula for converting Fahrenheit temperature into Centigrade temperature is:
a. C = F – 32 × 5/9 b. F = C × 9/5 + 32
c. F = C + 32 × 5/9 d. C = F × 9/5 – 32

112. Gastric lavage is based on the principle of:
a. Pascal's law
b. Archimedes principle
c. Siphon
d. Buoyancy

113. A divided bed in made with the purpose of:
a. Absorption of perspiration
b. Giving extra protection
c. Providing enough heat
d. Observing amputated part

114. The rhythm of pulse is:
a. Spacing of the beats
b. Number of the beats
c. Strength of the beats
d. Pounding of the beats

Answers	98. d	99. a	100. a	101. c	102. b	103. c	104. d	105. a	106. d	107. c
	108. b	109. b	110. a	111. a	112. c	113. d	114. a			

JAYPEE BROTHERS

115. A diabetic client is brought to emergency unit by family. The client is lethargic, has dry mouth and thirst, skin is warm and dry, has deep respiration and fruity odor of breath. The nurse concludes that the client is experiencing symptoms of which complication of diabetes mellitus?
a. Hyperglycemic hyperosmolar non-ketotic coma
b. Stress induced hypoglycemia
c. Diabetic keto-acidosis
d. Hypoglycemia

116. A nurse while caring for a client with right leg cast, suspects infection under the cast by noting one of the following signs:
a. Coolness and pallor of right foot
b. Presence of a 'hot spot' on the cast
c. Weakened right pedal pulse
d. Dependent edema on right foot

117. A modern hospital is an institution that is concerned with:
a. Comprehensive client care
b. Comprehensive client care and teaching
c. Comprehensive client care, teaching and research
d. Comprehensive client care, teaching, research and engineering

118. To remove blood stain from the patients linen, a nurse instructs the laundry boy to rinse it with cold water first because it:
a. Dissolves proteins
b. Coagulates proteins
c. Destroys germ
d. Acts as deodorant

119. A client with gastrointestinal problem is recommended oil retention enema .The client is anxious to know why it has been recommended. Nurse gives the rationale that:
a. It softens the feces
b. It checks local bleeding
c. It relieves local irritation
d. It protects mucous membrane

120. Soap is valuable in cleaning the skin because it:
a. Forms lather freely
b. Reduces surface tension
c. Is alkaline
d. Softens the skin

121. To help a client from bed to wheel chair, the chair is placed in such a way that its front edge is at right angles to the bed because it:
a. Saves your steps
b. Saves the energy of the client
c. Gives a good impression
d. Gives a sense of security

122. According to nursing process, nursing care of a client is implemented after:
a. Assessment of his needs
b. Nursing diagnosis
c. Setting nursing goal
d. Planning nursing care

123. One of the following solutions has same concentration as blood:
a. 5% Dextrose
b. Distilled water
c. Normal saline
d. Ringer lactate

124. A client after bone scan returns to the ward. The nursing instruction should include:
a. Eat plenty of fluids
b. Walk around the ward
c. Eat small frequent meals
d. Avoid meals for one hour

Plenty of fluids are needed to flush isotope from body. No other restriction on diet or activity is required.

125. A nurse is observing a client with left arm fracture for impaired venous return distal to fracture. The signs indicating this include:
a. Pallor with blotchy cyanosis
b. Continued pain despite medication
c. Weakened left radial pulse
d. Edema of left hand

126. The infiltration at I/V site is noted by a nurse from one of the following:
a. Warmth at the site
b. Coolness and edema
c. Inflammation
d. Redness

Warmth, redness are noted in phlebitis, inflammation and infection.

127. The nurse assesses a client with hyperthyroidism for one of the following complaints associated with this disorder:
a. Lethargy
b. Heat intolerance
c. Weight gain
d. Constipation

128. The nurse assesses a client with hypothyroidism for one of the following complaints associated with this disorder:
a. Diarrhea
b. Heat intolerance
c. Weight loss
d. Increased sleep

129. The most serious electrolyte disturbance accompanied with treatment for diabetic acidosis is:
a. Hypokalemia
b. Hypocalcemia
c. Hyponatremia
d. Hypomagnesemia

Client experiences hypokalemia. Potassium attaches to the insulin-glucose complex and carried into the cell with it. As the serum glucose fall during treatment, hypokalemia results. Monitoring for hypokalemia is important as it can lead to cardiac dysrhythmias. Hypokalemia is manifested by weakness, fatigue, muscle cramps, palpitations etc.

Answers	115. c	116. b	117. c	118. a	119. a	120. b	121. b	122. d	123. c	124. a
	125. d	126. b	127. b	128. d	129. a					

JAYPEE BROTHERS

130. A client is complaining of abdominal pain due to duodenal ulcer. The pain may be due to recurrence of ulcer which is indicated by:
a. Relief of pain after taking food
b. Pain experienced after ingestion of food
c. Pain radiates down the right arm
d. Pain accompanied by nausea and vomiting

Pain experienced after ingestion of food or associated with nausea and vomiting is gastric ulcer pain.

131. The nurse assesses for the following immediately after client returns into the ward who has undergone esophagogastroduodenoscopy:
a. Temperature
b. Sore throat
c. Complains of heart burn
d. Return of gag reflex

132. Hand washing is important before doing any nursing procedure for the:
a. Comfort of patient
b. Safety of patient
c. Safety of nurse
d. Maintenance of nursing principle

133. While caring for a febrile client, the nurse plans to apply ice-cap on her head. For this, she adds salt to the ice for one of the following reasons:
a. To reduce the melting point of ice
b. To prevent from causing excessive vasoconstriction
c. To have effect on deeper tissue.
d. To enhance peripheral vasoconstriction

134. Sudden fall of body temperature over a period of few hours is called:
a. Lysis b. Crisis
c. Defervescence d. Decline

135. Sudden fall of body temperature over a period of days or weeks is called:
a. Lysis b. Crisis
c. Defervescence d. Decline

136. While collecting urine sample, a nurse should:
a. Take urine as soon as passed by client in the morning
b. Collect it at anytime of the day
c. Collect it before patient goes to bed
d. Collect mid-stream urine

137. The number of chromosomes present in Down's Syndrome are:
a. 22 pairs b. 21 pairs
c. 23 pairs d. 20 pairs

138. A nurse is assessing for stoma retraction in a client who has recently undergone colostomy. The nurse would observe to see if the stoma is:
a. Dark and bluish in color
b. Narrowed and flattened
c. Protruding and swollen
d. Sunken and hidden

139. A client is at risk for pulmonary embolism (PE) because of postoperative state and immobility. The most common symptom of pulmonary embolism is:
a. Sudden onset of chest pain
b. Dry cough
c. Apprehension
d. Diaphoresis

140. A client complains of dimness of vision. His MRI scan shows glioblastoma (brain tumor). At which site of brain it would have occurred:
a. Occipital
b. Frontal
c. Temporal
d. Biparietal

141. A client has had a bone scan done. The nurse instructs the client to do which of the following after the procedure?
a. Eat only small meals for the rest of the day
b. Drink plenty of water for a day or two
c. Report any feeling of nausea or flushing
d. Ambulate at least three times before the end of the day

142. An older client with osteoporosis is at risk for falls. The nurse instructs the client to AVOID which of the following to maintain safety at home?
a. Removing the mat from the bathtub
b. Obtaining a shower chair
c. Making sure that railing are sturdy and secure
d. Placing a night light in the hall

143. A nurse is planning to teach the client with a left arm cast about stiff or frozen shoulder as a complication of having the cast in place. Which of the following actions she tells, contributes to its occurrence?
a. Making a fist with the hand of left arm
b. Using a sling on the left arm
c. Lifting the left arm over the head
d. Lifting the right arm over the head

144. The discharge instructions are given to a client after bronchoscopy. There is need for further teaching needed by client. What is that statement?
a. I can expect to cough up bright red blood
b. I will stop smoking my cigarette
c. I will get help immediately if I have troubled breathing
d. I will use throat lozenges as directed until my sore throat goes away

Answers										
	130. a	131. d	132. b	133. a	134. b	135. a	136. d	137. b	138. d	139. a
	140. a	141. b	142. a	143. b	144. a					

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145. The accurate signs and symptoms of hyperglycemia are:
a. Faintness, sweating, fever
b. Fatigue, dry skin, polyuria and polydipsia
c. Diaphoresis, convulsions and constipation
d. Slurred speech, loss of hearing and dimness of vision

146. A nurse is caring for a client who is suspected to have leukemia. Nurse prepares the client for following diagnostic test to confirm the diagnosis:
a. Bone marrow aspiration biopsy
b. Radiographic tests
c. Lymphangiogram
d. Lumbar puncture

147. A client with Ca bowel receiving chemotherapy. His lab results show neutrophil count of 1000/mm^3. What does this value indicate?
a. Alteration in weight
b. Alteration in nutrition
c. Potential for hemorrhage
d. Potential for infection

148. A client with Ca lungs receiving chemotherapy. His lab results show platelet count of 20,000/mm^3. What does this value indicate?
a. Alteration in weight
b. Alteration in nutrition
c. Potential for hemorrhage
d. Potential for infection

149. Most frequent cardiovascular finding in a client with chronic renal failure is:
a. Bradycardia
b. Hypertension
c. Hypotension
d. Tachycardia

150. A client is to receive heparin 5000 units subcutaneously. The vial contains 10,000 units per ml. How much a nurse should inject?
a. 0.5 ml
b. 0.05 ml
c. 1.5 ml
d. 0.15 ml

151. A nurse can best prevent fluid volume deficit after administration of a diuretic to a disoriented client by following measure:
a. Advising the client to drink lots of fluids
b. Offering fluids frequently
c. Keeping water available nearby
d. Keeping the client on bed rest

152. The primary symptom of nasal polyp is:
a. Cold
b. Headache
c. Running nose
d. Nasal obstruction

153. A client on peritoneal dialysis shows brownish color of the dialysate. This indicates:
a. Bowel perforation
b. Bladder perforation
c. Insufficient fluid instillation
d. Early infection

154. A client on peritoneal dialysis shows cloudy dialysate output. This indicates:
a. Bowel perforation
b. Bladder perforation
c. Insufficient fluid instillation
d. Signs of peritonitis

155. The priority assessment by a nurse for a client with suspected spinal cord injury is:
a. Pupillary response
b. Mobility
c. Respiratory status
d. Pain

156. A client of chronic renal diseases requires hemodialysis. He becomes angry and says that he will be never same now. Which problem the client is experiencing?
a. Depression
b. Disturbance in body image
c. Anxiety
d. Fear

157. A 22-year-old female is recently diagnosed as having polycystic kidney. Which of the nurse's discussion will help her to adjust to the problem?
a. Ongoing fluid restriction
b. Depression about massive edema
c. Need for genetic counseling
d. Risk of hypotensive disorder

158. When a client recovers from anesthesia, he/she will complain of severe pain at operation site. The nurse's first response to pain is:
a. Reassure the patient and tell him/her to sleep
b. Change client's position
c. Provide heat to operation site
d. Give ordered injection of analgesia

159. Which laboratory result will be most likely abnormal in hemophilia?
a. Bleeding time
b. Sedimentation rate
c. Clot retraction time
d. Partial thromboplastin time (PTT)

PTT measures the activity of thromboplastin which is dependent on intrinsic clotting factor VIII (anti-hemophilic factor). This factor is deficient in hemophilia resulting in prolonged PTT.

Answers	145. b	146. a	147. d	148. c	149. b	150. a	151. b	152. d	153. a	154. d
	155. c	156. b	157. c	158. d	159. d					

JAYPEE BROTHERS

160. While caring for a patient with sustained thoracic burns and smoke inhalation who is at risk of impaired gas exchange. Which action should be AVOIDED by nurse as it is least helpful?
a. Reposition the client from side to side every two hours
b. Position the client on the back with head at 45°
c. Suction the airway
d. Provide humidified oxygen

161. A client has just undergone transsphenoidal resection of pituitary adenoma. The nurse includes which of the following in the plan of care?
a. Administer aspirin for a severe headache
b. Observe the client for frequent swallowing
c. Remove the nasal packing in 12 hours
d. Remind the client to cough and breathe deeply

162. After CT scan with a contrast medium, the nurse instructs the client about following:
a. Do not take any medication for at least 8 hours
b. Eat lightly for the remainder of the day
c. Drink extra fluids during the day
d. Rest quietly for the remainder of the day

163. A client with diabetes mellitus is brought to emergency unit by the family. The client is lethargic, has dry mouth and thirst, the skin is warm and dry, has deep respiration with fruity odor of breaths. Which of the following complications of diabetes mellitus the patient has?
a. Hypoglycemia
b. Stress induced hypoglycemia
c. Diabetic ketoacidosis
d. Hyperglycemic nonketotic coma

164. A nurse is caring for a client with left leg cast. The nurse suspects the infection under the cast by observing one of the following signs:
a. Weakened left pedal pulse
b. Dependent left foot edema
c. Coolness and pallor of the left foot
d. Presence of "hot spot" on the cast

165. A client with left arm fracture has been found by the nurse to have impaired venous return distal to fracture. Which of the following signs indicate this?
a. Weakened left radial pulse
b. Continued pain despite medication
c. Pallor with blotchy cyanosis
d. Edema of the left hand

166. Which of the following infusion would be prescribed for a client with head injury who is lethargic with low BP, bleeding profusely and has tachycardia?
a. Ringer lactate solution
b. 5% dextrose
c. Normal saline
d. Dextrose saline

167. While checking the infusion site of a client, an infiltration is suspected. What a nurse would note at infusion site?
a. Coolness and edema
b. Warmth
c. Cyanosis
d. Inflammation

168. While checking the infusion site of a client, the nurse suspects thrombophlebitis. What she would note at infusion site?
a. Coolness around infusion site
b. A hard or cord like feeling along the veins
c. Edema and warmth at infusion site
d. Inflammation at the infusion site

169. A client with central line is getting I/V solution. Suddenly the client is found to develop tachycardia, dyspnoea and cyanosis. Which of the following initial nursing action is most appropriate because an air embolism is suspected?
a. Slow the I/V rate
b. Provide emotional support
c. Turn the client on the left side, lower the head end of the bed and start oxygen
d. Elevate the head end of the bed and monitor the vital signs

170. Which of the following complaint is associated with hyperthyroidism?
a. Weight gain
b. Lethargy
c. Constipation
d. Heat intolerance

171. Which of the following complaint is associated with hypothyroidism?
a. Weight loss
b. Diarrhea
c. Increased sleep
d. Heat intolerance

172. Which electrolyte disturbance is associated with diabetic acidosis?
a. Hypernatremia and hyperkalemia
b. Hypokalemia and hyponatremia
c. Hypermagnesemia and hypercalcemia
d. Hypomagnesemia and hypocalcemia

173. What should be a client assessed for after he has undergone esophagogastroduodenoscopy?
a. Temperature
b. Complaints of heart burn
c. Return of gag reflux
d. Sore throat

Answers
160. b 161. b 162. c 163. c 164. d 165. d 166. a 167. a 168. b 169. c 170. d 171. c 172. b 173. c

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Munira Kachroo PhD (Obstetrics and Gynecological Nursing) is Principal, Madr-e-Meherban Institute of Nursing Sciences and Research, Sher-i-Kashmir Institute of Medical Sciences, Srinagar, Jammu and Kashmir, India. She is first in Kashmir with doctoral degree in Nursing and was awarded Presidential Award in 2016. She has organized many educational events, chaired various sessions, attended conferences at state, national and international level and has been awarded certificates of credit and medals. She is the member of State Nursing Registration Council and Board of Studies of various universities of Jammu and Kashmir. She has more than 200 papers at her credit, in addition to chapters in books, written many booklets, modules and completed her first book on Nursing Examinations in 2016. She is State TNAI Secretary, and member of SOMI, NRSI, IANN.

Printed in India

Available at all medical bookstores
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JAYPEE BROTHERS
Medical Publishers (P) Ltd.
EMCA House, 23/23-B, Ansari Road,
Daryaganj, New Delhi - 110 002, INDIA
www.jaypeebrothers.com

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ISBN 978-93-5465-417-6