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Nursing Q-Bank Series

For BSc Nursing Students

Nursing Foundation

As per the Revised INC Syllabus



HIGHLIGHTS

- University Examination Question Papers
- Learning Pearls
- Case-based Questions
- Image-based Questions
- Annexures

Monika Dean
Abha Narwal
Rachna Khanna
Nandani Kumari

Semester-I & II



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UNIT 4: HYGIENE

Note: *In this Unit we have covered following questions. These questions are taken after detailed analysis from the questions bank of various universities.*

LONG QUESTION

Sl. No.	Question	Marks
Q1.	a. Define oral hygiene. b. Enlist the risk factors of oral hygiene and effects of neglected mouth. c. Explain the role of nurse in prevention of complications arising from negligence of oral care.	2 + 4 + 4 = 10

SHORT QUESTIONS

Sl. No.	Question	Marks
Q1.	Define personal hygiene. What are the factors influencing personal hygiene practices?	5
Q2.	Define pressure sores. What are the causes of bed sores? What is pressure prone areas in different positions? Explain the role of nurses in preventing bed sore.	5
Q3.	Write a short on techniques of back massage.	5
Q4.	Define bed bath. What are the types of therapeutic bath? What are the purposes and principles of bed bath?	5

VERY SHORT QUESTIONS

Sl. No.	Question	Marks
Q1.	Write a short note on common foot and nails problems.	2
Q2.	What are the stages of pressure sores?	2
Q3.	Care of hearing aids.	2
Q4.	Enlist various oral care agents for oral hygiene.	2
Q5.	Define perineal care. List down its purposes and principles.	2
Q6.	What are the purposes of personal hygiene?	2

MULTIPLE CHOICE QUESTIONS

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UNIT 4

HYGIENE

LONG QUESTIONS

Q 1a **Define oral hygiene.**

Ans:

Definition

Oral hygiene is the practice of keeping the mouth clean and healthy by brushing or flossing and using appropriate therapeutic aids to prevent caries (tooth decay) and periodontal diseases.

Q 1b **Enlist the risk factors of oral hygiene and effects of neglected mouth.**

Ans:

Risk Factors for Oral Problems

- Patients who are paralyzed or seriously ill.
- Unconscious patients
- Diabetic patients
- Patients undergoing radiation therapy.
- Patients receiving chemotherapy.
- Patients having oral surgery, trauma, etc.
- Patients with immunosuppression drugs, e.g., HIV patients.

Effects of Neglected Mouth

- **Gingivitis:** Inflammation of the gums
- **Glossitis:** Inflammation of the tongue
- **Stomatitis:** Inflammation of the mucus membrane of the mouth
- **Periodontitis:** Inflammation of the tissues surrounding the teeth
- **Root abscess:** Pus formation in the root of the teeth
- **Pyorrhea:** Pus formation in the sockets of teeth
- **Gastritis:** Inflammation of the stomach lining
- **Adenitis:** Inflammation of the lymph gland and adenoids
- **Tonsilitis:** Inflammation of the tonsils
- **Otitis media:** Inflammation of the middle ear
- **Sinusitis:** Inflammation of the sinus cavity
- **Anorexia:** Loss of appetite
- **Parotitis:** Inflammation of the parotid gland

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- **Halitosis:** Bad breath
- **Dental caries:** Decaying of the teeth
- **Cheilosis:** Crackling of lips

Q1c Explain the role of nurse in prevention of complications arising from negligence of oral care.

Ans:

Role of Nurse in Prevention of Complications Arising from Negligence of Oral Care

1. Assessment and Monitoring

- **Regular oral assessments:** Nurse should perform routine oral assessments to check for signs of oral health issues such as gum disease, tooth decay, or infections. Look for symptoms like bad breath, bleeding gums, or lesions.
- **Monitor for complications:** Nurse should be vigilant for signs of complications that can arise from poor oral hygiene, including aspiration pneumonia, oral infections, or worsening of systemic conditions.

2. Implementing Oral Care Protocols

- **Follow oral care protocols:** Nurse should always adhere to established oral care protocols and guidelines. This includes brushing teeth or dentures, flossing, and using mouthwash as appropriate.
- **Use appropriate products:** Nurse should wisely select and use oral care products that are suitable for the patient's condition, such as fluoride toothpaste for cavity prevention or special mouthwashes for antimicrobial purposes.

3. Providing Direct Oral Care

- **Assist with oral hygiene:** For patients unable to care for themselves, assist with brushing and flossing teeth, and cleaning dentures if applicable. Ensure that these tasks are done at least twice daily, or more frequently if needed.
- **Ensure proper technique:** Use proper techniques to avoid damaging oral tissues, such as using a soft-bristled toothbrush and gentle brushing motions.

4. Patient and Family Education

- **Educate on oral care:** Nurse should teach patients and their families about the importance of good oral hygiene and how to maintain it, including techniques for brushing and flossing, and how to care for dentures.
- **Highlight risks of neglect:** Nurse should explain the potential complications of poor oral care, such as increased risk of oral infections and aspiration pneumonia.

5. Promoting Hydration and Nutrition

- **Encourage adequate hydration:** A nurse should promote adequate fluid intake to keep oral tissues hydrated and help to prevent dry mouth (xerostomia), which can lead to oral infections and discomfort.
- **Support nutritional needs:** She must ensure that the patient's nutritional needs are met, as poor nutrition can exacerbate oral health problems. Provide or recommend appropriate dietary modifications if necessary.

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6. Managing Dry Mouth

Address xerostomia: She must give advice to the patients to use saliva substitutes or recommend products that help to stimulate saliva production. She must educate patients on techniques to manage dry mouth, such as chewing sugar-free gum.

7. Preventing and Managing Infections

- **Monitor for infections:** Watch for signs of oral infections, such as swelling, redness, or pain. Promptly address any issues to prevent further complications.
- **Implement infection control measures:** Use proper infection control practices, such as sanitizing oral care tools and ensuring a clean environment, to prevent the spread of infections.

8. Collaborating with Other Healthcare Professionals

- **Coordinate with dental professionals:** A nurse should work with dental hygienists or dentists to address any specific oral health issues and to follow up on complex cases.
- **Integrate care plans:** Incorporate oral care into the patient's overall care plan, especially for patients with specific medical conditions or those undergoing complex treatments.

9. Documenting and Reporting

- **Document oral health status:** Nurse must record all observations related to the patient's oral health, including any changes or issues encountered during oral care.
- **Report concerns:** Communicate any concerns or significant findings to the healthcare team to ensure timely intervention and adjustments to the care plan.

10. Emergency Preparedness

Prepare for emergencies: A nurse must always be prepared to respond to emergencies related to oral health, such as choking or severe oral infections, by knowing the appropriate interventions and emergency procedures.

SHORT QUESTIONS

Q1 Define personal hygiene. What are the factors influencing personal hygiene practices?

Ans:

Definition

Personal hygiene is the activity of self-care including bathing and grooming. It includes—care of skin, hair, nail, mouth, teeth, eyes, ears, nasal cavities and perineal and genital areas.

Factors Influencing Personal Hygiene Practices

1. Cultural and Religious Beliefs

- **Cultural norms:** Different cultures have various norms and practices related to personal hygiene, including bathing rituals, grooming practices, and the use of specific hygiene products.
- **Religious practices:** Religious beliefs may include specific hygiene practices or restrictions, such as dietary rules, ritual cleansing, and grooming standards.

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2. Socioeconomic Status

- **Economic resources:** Access to personal hygiene products and facilities can be limited by financial constraints. Individuals with lower socioeconomic status may face challenges in maintaining regular hygiene practices due to high cost.
- **Education and awareness:** Socioeconomic factors can influence education levels and awareness about personal hygiene practices and their importance.

3. Health and Medical Conditions

- **Physical limitations:** Health conditions or physical disabilities can affect an individual's ability to perform personal hygiene tasks independently.
- **Chronic illnesses:** Certain chronic illnesses or medications may impact hygiene practices, such as increased perspiration or changes in skin condition.

4. Psychological Factors

- **Mental health***:* Mental health issues, such as depression or anxiety, can lead to neglect of personal hygiene due to lack of motivation or energy.
- **Self-esteem***:* An individual's self-esteem and body image can influence their approach to personal hygiene and grooming.

5. Environmental Factors

- **Living conditions:** Poor living conditions, such as lack of access to clean water or sanitation facilities, can hinder personal hygiene practices.
- **Climate:** Extreme weather conditions, such as excessive heat or cold, can impact on personal hygiene routines and practices.

6. Educational Background

- **Knowledge and skills:** Education and knowledge about hygiene practices and their benefits play a crucial role in promoting effective personal hygiene.
- **Health education:** Access to health education and resources can impact an individual's understanding and implementation of proper hygiene practices.

7. Social Influences

- **Family and peers:** Social norms and practices within a family or peer group can influence an individual's personal hygiene habits.
- **Social stigma:** Stigma related to certain hygiene practices or conditions can affect willingness to maintain personal hygiene or seek help.

8. Access to Facilities and Products

- **Availability of resources:** Access to facilities such as showers, restrooms, and hygiene products like soap, toothbrushes, and sanitary supplies is essential for maintaining personal hygiene.
- **Product preferences:** Availability and personal preference for specific hygiene products can also influence practices.

9. Lifestyle and Habits

- **Daily routine:** Personal habits and daily routines can affect the consistency and quality of hygiene practices.

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- **Work and social life:** Work schedules and social activities can impact on how often and when individuals are able to perform personal hygiene task.

Q2 Define pressure sores. What are the causes of bed sores? What is pressure prone areas in different positions? Explain the role of nurses in preventing bed sore.

Ans:

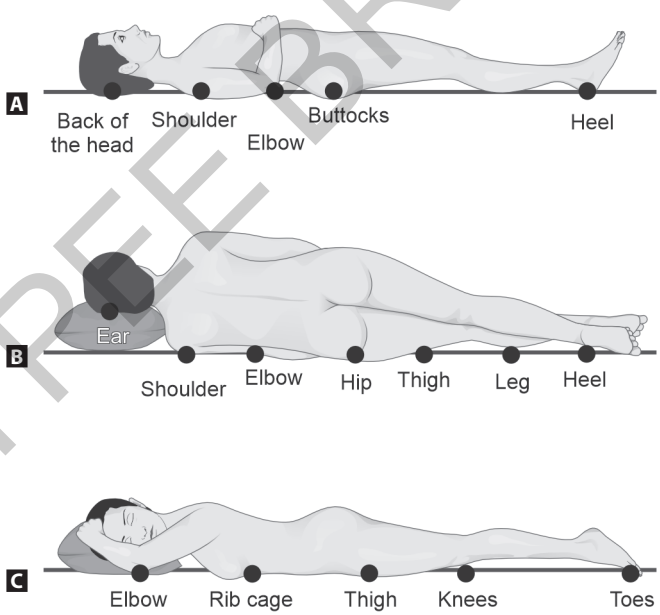
Definition

A pressure sore is an "ischemic necrosis and ulceration of tissues overlying a bony prominence that has been subjected to prolonged pressure against an external object (e.g., bed, wheelchair, cast, splint)".

Causes of Pressure Sore

- Friction
- Moisture
- Pressure
- Predisposing factors like immobility, impaired sensory output, impaired motor functions, incontinence, emaciation, obesity, and edema. Anemia, age related skin changes and any other condition or disease that affect circulation.

Pressure Prone Areas in Different Positions



Figs. 4.1A to C: Pressure prone areas in different positions: (A) Supine; (B) Side lateral; (C) Prone.

Role of Nurses in Preventing Bed Sore

Personal Hygiene

- Maintain the personal hygiene of the patient; keep clean, smooth and tight sheets under the patient to prevent skin irritation.

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- Keep the patient dry and change the linen when it is wet or soiled to prevent moisture.
- If splints or plaster casts are applied to patients, use cotton padding, keep the bottom sheet of the patient free from crumbs or foreign bodies to prevent friction.

Positioning

- Patients who are to sores must be identified and examined daily for the sign and symptoms of bedsores.
- Positioning is used to reduce pressure to the skin, so the standard interval of one and half to two hours for changing the patient's position helps to prevent the development of pressure sore.

Therapeutic Beds (or Mattress)

- Special beds or mattresses are designed to reduce the hazards of immobility to the skin.
- After assessment to the patient therapeutic measures such as alternating air mattresses, water mattresses are used to disperse and evenly distribute the patient's body weight.

Q3 Write a short on techniques of back massage.

Ans:

Back care consists of cleaning and massaging back (from shoulder to lower level of the buttocks) by using scientific form of required strokes for maximizing cutaneous stimulation, comfort and emotional relaxation as well.

Purposes

- To do the inspection of the skin condition as a part of physical examination.
- To maintain the cleanliness and dryness of the skin and reduce the chance of infection.
- To promote blood circulation and decrease the chance of pressure ulcer.
- To reduce muscle tension and enhance physical comfort.
- To get relief from body ache, physical fatigue, stress and general anxiety.
- To increase the secretion of endorphin by cutaneous stimulation and enhancing mental relaxation, sense of well-being.
- To stimulate proper sleep cycle.

Indications

- Unconscious patient
- Prolong bedridden patient
- Patient with restricted movement
- Patient with BMI >30 kg/m^2
- Patient suffering from chronic back pain

Techniques of Back Massage

1. Cleaning

- Observe the skin condition of the back.
- Pour the hot and cold water in the big basin and prepare the mixed water according to the season/patient preference.
- Take the soap and do lather formation and spread all over the back from shoulder to sacral region.

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- Perform effleurage/stroking with soap: Following the direction of venous stream long, firm, slow, rhythmic and sweeping movement should be done with palm. Small surface area like neck can be reached by finger.
- Form a mitten of the sponge cloth and deep in water and squeeze it and clean the back.

2. Massaging

Provide massage with oil/lotion/powder according to the season or patient preference. Take oil/powder in your palm and spread all over the back and follow Swedish massage technique.

- **Do effleurage/stroking:** Following the direction of venous stream long, firm, slow, rhythmic and sweeping movement should be done with palm. Small surface area like neck can be reached by finger.
- **Do petrissage (kneading):** This is considered a deeper massage technique than effleurage. Here, with the help of the thumb, fingers or palm, a large grasping of the skin, subcutaneous tissue and muscles is done. It should follow a rhyme and equality in application of pressure. In between two kneading movements, the caregiver can roll the muscle.
- **Do friction:** Deep massage by using palm, finger or thumbs in circular motion in defined small part of the back. Controlled pressure use to be applied.
- **Do vibration:** Fine vibrating movements should be given by fingertips, produced by contraction and relaxation of the muscles of forearm.
- **Do tapotements (percussion):** This is used at the end of the other kind of strokes of massage. Light, stimulating and repetitive massages are produced via wrist, fists, fingers, sides of the hands. Different types of tapotement techniques are:
  1. **Perform hacking**: Stretched the elbow, keep the palms face to face in little right angle and do very quick and sharp striking.
  2. **Perform cupping**: Stretched the elbow and make a cup shape with hand, create vacuum and try to produce cupping sound striking against the surface of the back. It may produce redness.
  3. **Perform pounding**: Providing very fast striking with loosing closed fists.
  4. **Perform beating**: Gently striking the area with lightly clenched fists according to the gravity. It can produce immediate redness. Otherwise we can do pinching and slapping also.

Q4 Define bed bath. What are the types of therapeutic bath? What are the purposes and principles of bed bath?

Ans:

Definition

Bed bath refers to "the procedure of giving bath to the patient who is confined to bed or is not ambulatory or is not physically or mentally capable of self -care".

Types of Therapeutic Bath

1. **Hot water tub bath:** Immersion in hot water helps to relieve muscle soreness and spasm. Water temperature should be 45–46° Celsius.
2. **Warm water tub bath:** Bathing in warm water relieves muscle tension. Water temperature should be 43° Celsius.
3. **Cool water bath:** Bathing in tepid water helps to lower body temperature when the body temperature is over 40° Celsius (104° Fahrenheit).
4. **Sitz bath:** Sitz bath reduces inflammation of the perineal and anal areas of a patient who has undergone rectal or perineal surgery or has hemorrhoids or fissures. Water temperature should be 43–45° Celsius.

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5. **Cold sitz bath:** Cold sitz bath is more effective in relieving pain in the postoperative period. Back rub or back massage promotes relaxation, relieves, muscular tension and stimulates skin circulation. An effective back rub takes 3–5 minutes.

Purposes of Bed Bath

- To remove the bacteria from the skin.
- To stimulate blood circulation to the skin, respiration and elimination.
- To maintain joint mobility.
- To provide relaxation effect on the patient.
- To improve the patient's self-image and emotional and mental wellbeing.
- To provide a nurse with an opportunity for health teaching and assessment.
- To provide a nurse with an opportunity to give the patient psychological support.
- To help in the development of the therapeutic nurse patient relationship as the patient has the nurse's undivided attention.
- To orient the scientific method of providing skin care to the patient's relatives.

Principles for Bathing

- Follow the care plan for bathing method and skin care products.
- Allow personal choice whenever possible.
- Follow standard precautions and the blood-borne pathogen standard.
- Collect needed items before starting the procedure.
- Provide for privacy. Screen the person. Close doors and windows coverings—drapes, shades, blinds and shutters and so on.
- Assist the person with elimination. Bathing stimulates the need to urinate. Comfort and relaxation increase, if urination needs are met.
- Cover the patient for warmth and privacy.
- Reduce drafts. Close doors and windows.
- Protect the person from falling.
- Use good body mechanics at all time.
- Know what water temperature to use.
- Follow the rules to move/transfer patient safely.
- Wash from the cleanest area to dirtiest area.
- Encourage the patient to help as much as safely possible.
- Bath skin when urine or feces are present. This prevents the skin breakdown and odors.

VERY SHORT QUESTIONS

Q1 Write a short note on common foot and nails problems.

Ans: Common foot and nail problems are as follows:

- **Callus:** It is a thickened portion of epidermis caused by local friction or pressure.
- **Corns:** It is caused by friction and pressure from shoes. It is mainly seen on toes, over bony prominence.
- **Plantar warts:** These are fungating lesions, appearing on soles or foot and is caused by papilloma virus.
- **Athlete's foot (tinea pedis):** It is the fungal infection of foot mainly induced by wearing of constricting footwear.

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- **Ingrown nails:** Toenails or finger nails grow inwards into soft tissues around nail resulting from improper nail trimming.
- **Paronychia:** It is the inflammation of tissues surrounding nails following an injury. It is common among diabetic patients.
- **Foot odor:** It is the result of excessive perspiration promoting microorganism growth.

Q2 What are the stages of pressure sores?

Ans:

Stages of pressure sore is depicted in picture below:

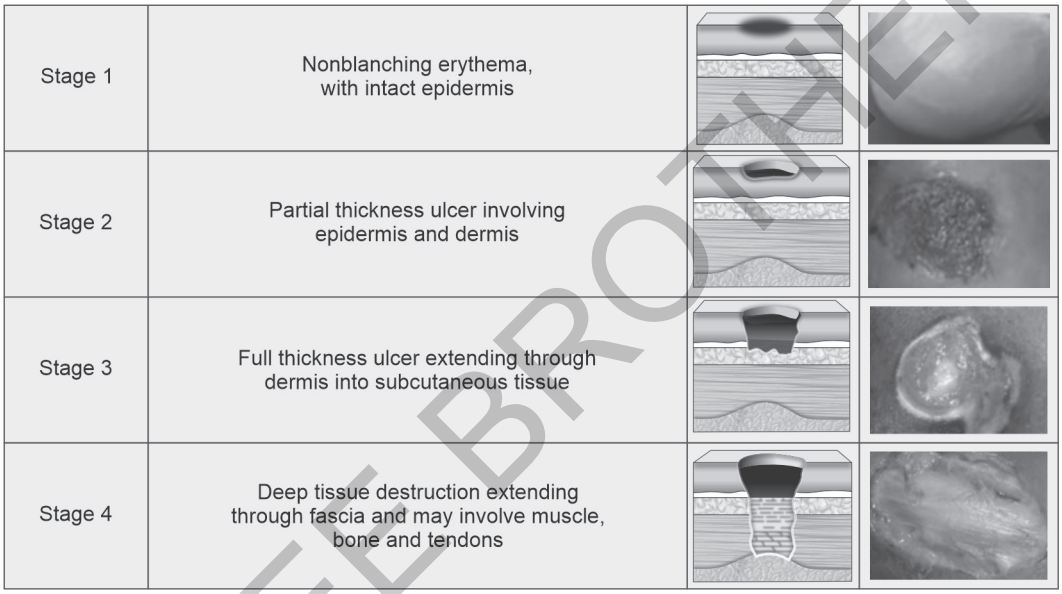

Fig. 4.2: Stages of pressure sores.

Q3 Care of hearing aids.

Ans:

On/off the battery: Opening the battery door turn off the hearing aid; closing the battery door turns on the hearing aid.

- **To change the battery:** Open the battery door, remove the old battery and insert the new one. Close the battery door completely.
- **Daily care:** In the morning close the battery door completely and insert the hearing aid.
- **At bedtime** to remove the hearing aids wipe the earmold speaker, clean and open the battery door.
- **Storage:** Store the hearing aid in their container when no in use.
- **Troubleshooting:**
  - Check for wax on the earmold speaker.
  - Make sure the battery is inserted correctly or insert the new battery.
  - Make sure battery door is fully closed.

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Q4 Enlist various oral care agents for oral hygiene.

Ans: Various oral care agents for oral hygiene are as follows:

- Tap water
- Toothpaste
- Nystatin
- Chlorhexidine gluconate
- Sodium bicarbonate
- Fluconazole
- Sucralfate
- Fluoride
- Glycerin and thymol

Q5 Define perineal care. List down its purposes and principles.

Ans:

Definition

Perineal care is the procedure of cleaning of the patient's external genitalia and surrounding skin.

Purposes of Perineal Care

- To promote healing
- To remove secretion
- To provide comfort
- To prevent or eliminate infection

Principles of Perineal Care

- Clean the perineum from cleanest to the less clean area.
- Wipe from front to back on female patients to avoid contamination of the vagina.

Q6 What are the purposes of personal hygiene?

Ans: Purposes of personal hygiene are as follows:

- To promote person's comfort and sense of wellbeing.
- To relieve fatigue and induce sleep.
- To promote individual's safety.
- To stimulate blood circulation.
- To preserve skin integrity.
- To promote therapeutic relationship.
- To prevent risk of infections.
- To provide active and passive exercises.
- To alleviate pain and discomfort.

MULTIPLE CHOICE QUESTIONS

Q1 Which item is used in the treatment of pressure ulcers?

a. Rubber sheet
b. Emesis basin

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c. Air mattress
d. Restraint

Q2 First step of planning to bathe a patient is:

a. Check the temperature of the water
b. Help the patient to undress
c. Explain the procedure to the patient
d. Close the door and window

Q3 The priority when providing oral care to an unconscious patient is to prevent:

a. Aspiration
b. Mouth odor
c. Dental caries
d. Mouth ulceration

Q4 In addition to bathing, which intervention best promotes patient comfort:

a. Perineal care
b. Postural drainage
c. Back rub
d. Reading books

Q5 All are the components of Braden scale, *except*:

a. Shear
b. Nutrition
c. Mobility
d. Communication

Q6 What does hygiene mean?

a. Keeping your house organized
b. Keeping your body clean
c. Keeping your word
d. Keeping your locker clean

Q7 Personal hygiene:

a. Is not important
b. Increases the number of germs in our body
c. Does not help us with keeping well
d. Is a collection of habits people perform to keep themselves clean and healthy

Q8 What is halitosis commonly known as?

a. Headache
b. Bad breath
c. Flu
d. Blood pressure

Q9 The word Hygiene is derived from Hygeia which means:

a. Purity
b. Living well
c. Being neat
d. None of the above

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Q10 Maintaining personal hygiene is important in maintaining:

a. Comfort
b. Dignity
c. Self-esteem
d. All of the above

Q11 Gloves should be changes:

a. Between different patients
b. If they are torn
c. Between different procedures on the same patient
d. All of the above

ANSWER KEY

1. c	2. a	3. a	4. c	5. d	6. b	7. d	8. b
9. b	10. d	11. d					

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Monika Dean MSc(N) (Obstetric and Gynecology), is currently working as Principal, Kailash Institute of Nursing and Paramedical Sciences, Greater Noida, Uttar Pradesh, India. She has done her postgraduation in Obstetrics and Gynecology from Chaudhary Charan Singh University, Meerut, Uttar Pradesh, and graduation from PGI University, Rohtak, Haryana. She has spent around 15 years in the healthcare sector, in teaching as well as in clinical practice. She has published 6 handbooks for auxiliary nurse midwife (ANM) with M/s Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, India. She has also conducted an awareness program on COVID-19 for Paramedical Staff from different regions of the country. She is also motivated healthcare professional, public speaker and writer.

Abha Narwal MSc(N) (Community Health Nursing), is currently working as Associate Professor, Shaheed Baba Deep Singh College of Nursing, Fatehabad, Haryana, India. She was born and brought up in Rohtak, Haryana. After completing her schooling in her hometown, she moved to Delhi in 2005 to pursue her BSc in Nursing. After completing her MSc from Bhopal's Barkatullah University, she worked as a Consultant Research Officer with the National Institute of Health and Family Welfare (NIHFW) in New Delhi.

Rachna Khanna MSc(N) (Obstetric and Gynecology), is working as Associate Professor, Kailash Institute of Nursing and Paramedical Sciences, Greater Noida, Uttar Pradesh, India. She has done graduation in Nursing from Guru Nanak College of Nursing, Dhahan Kaleran, Punjab, and postgraduation from Dayanand Medical College and Hospital, Ludhiana, Punjab. She has been teaching Maternal Health Nursing, Child Health Nursing, Nursing Research & Statistics, and Nursing Management and Administration. She has many years of experience in teaching. She has also participated in various national and international conferences and workshops. She has reviewed textbooks of Obstetrics and Gynecology in Nursing.

Nandani Kumari MSc(N) (Medical Surgical Nursing), is Nursing Officer, Vardhman Mahavir Medical College (VMMC) and Safdarjung Hospital, New Delhi, India. She has done her MSc in Surgical Nursing from CCS University and BSc Nursing from Army College of Nursing, Jalandhar, Punjab; Baba Farid University of Health Sciences, Faridkot, Punjab. She has many years of experience in teaching, research, and clinical settings. She is an Ex-Faculty for BSc (Nursing) degree and diploma programs in Metro College of Health Sciences and Research, Greater Noida, Uttar Pradesh. She has published numerous articles in national and international journals and actively participates in various national and international workshops and conferences held by the Indian Nursing Council (INC).

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