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1st Year



GNM Exam Excellence Solved Papers

Fundamentals of Nursing

2025-2015

As Per the INC Syllabus

Asha Kapoor
Arti Kapoor

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DECEMBER 2023

FUNDAMENTALS OF NURSING

Time: 3 hours **Maximum Marks:** 75

Note: Attempt all the questions in serial order

Q1. Define the following terms (any five): **(2 × 5 = 10)**

a. Pyrexia
b. Health
c. Infection
d. Hypertension
e. Stomatitis
f. Isolation

Q2. a. Define specimen and write the types of specimens. **(3 × 5 =15)**
b. Describe the correct way to collect, observe, and transport a specimen.
c. Write about the nurse's responsibilities in the proper collection of a specimen.

Q3. Write about the following (any three): **(3 × 5 = 15)**

a. Quality of a nurse
b. Dehydration
c. Hot and cold application
d. Unconscious patient

Q4. Write short notes on any three of the following: **(3 × 5 = 15)**

a. Bed sores
b. Records and reports
c. First aid
d. Sterilization

Q5. Write short notes on any four of the following: **(4 × 5 = 20)**

a. Bed making
b. Vital signs
c. Hand washing
d. Oral medication
e. Steam inhalation

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Q1. Define the following terms (any five):

a. Pyrexia
b. Health
c. Infection
d. Hypertension
e. Stomatitis
f. Isolation

Ans:

a. Pyrexia

It is defined as a rise in the body temperature above 99°F or 37.2°C. In fever, all systems of the body are affected.

b. Health

Health is a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity.

c. Infection

It is defined as the invasion and multiplication of harmful microorganisms, such as bacteria or viruses, in the body, causing illness.

d. Hypertension

A condition where blood pressure remains consistently elevated, usually above 140/90 mm Hg. It increases the risk of heart disease, stroke, and other health problems.

e. Stomatitis

It is the Inflammation of the mucous membrane of the mouth, often leading to sores, pain, or discomfort. It can be caused by infection, injury, or irritants.

f. Isolation

The practice of separating individuals with infectious diseases from others, until the period of communicability has passed, to prevent the spread of harmful germs or pathogens.

Q2. a. Define specimen and write the types of specimens.
b. Describe the correct way to collect, observe, and transport a specimen.
c. Write about the nurse's responsibilities in the proper collection of a specimen.

Ans:

a. Definition of Specimen

A specimen is a sample of tissue, fluid, or other material taken from a patient's body to be analyzed for diagnostic or research purposes.

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Types of Specimens

1. **Blood:** Used for tests like complete blood count (CBC), blood glucose, and blood cultures.
2. **Urine:** Analyzed for infection, kidney function, or other metabolic conditions.
3. **Stool:** Examined for parasites, bacteria, or digestive issues.
4. **Sputum:** Collected to diagnose respiratory infections or lung diseases.
5. **Tissue biopsy:** Taken from organs or skin to identify cancers or other diseases.
6. **Swabs:** Taken from the throat, nose, or wounds to test for infections.
7. **Cerebrospinal fluid (CSF):** Collected through lumbar puncture to diagnose conditions like meningitis.
8. **Semen:** Tested for fertility or infection concerns.

b. Correct Way to Collect, Observe, and Transport a Specimen

1. **Collection:**
   - *Follow procedure:* Use clean tools and follow the correct steps for collecting the type of specimen (e.g., blood, urine).
   - *Confirm patient identity:* Make sure the right patient is being tested by checking their ID.
   - *Keep it clean:* Wash hands, wear gloves, and prevent contamination during the process.
   - *Label immediately:* Write the patient's details, date, time, and type of specimen on the container right after collection.
2. **Observation:**
   - *Check the sample:* Make sure the sample is enough and collected properly (no leaks or contamination).
   - *Look for changes:* Note any unusual appearance like color or texture that might indicate health problems.
   - *Record information:* Write down the time of collection and any important details or reactions.
3. **Observation:**
   - *Use proper containers:* Ensure the sample is in a sealed and correctly labeled container to avoid spills or contamination.
   - *Keep conditions right:* Some specimens need special care, like refrigeration, to stay accurate.
   - *Transport quickly:* Get the sample to the lab as soon as possible, especially for urgent tests.
   - *Handle safely:* Follow guidelines to safely handle the specimen, especially if it's a biohazard.

c. Nurse's Responsibilities in Proper Specimen Collection

- Verify the patient's identity by checking their ID and details.
- Explain the procedure to the patient, including its purpose and what to expect.
- Use sterile techniques by washing hands, wearing gloves, and using clean equipment.
- Follow proper procedures for the specific type of specimen collection.
- Label the specimen immediately with the patient's details, date, and time of collection.
- Handle the specimen safely to avoid contamination or spills.
- Record the collection details in the patient's medical records.

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- Ensure timely transportation of the specimen to the lab, maintaining required conditions.
- Monitor the patient for any reactions during or after collection.

Q3. Write about the following (any three):

a. Quality of a nurse
b. Dehydration
c. Hot and cold application
d. Unconscious patient

Ans:

a. Quality of a Nurse

A good nurse needs several important qualities to care for patients effectively. These include:

1. **Kindness:** Nurses should show care and understanding for their patients.
2. **Patience:** It's important to stay calm, even in tough or busy situations.
3. **Good communication:** Nurses need to talk clearly with patients, families, and other healthcare workers.
4. **Attention to detail:** Noticing small changes in a patient's health is key.
5. **Emotional strength:** Nurses often deal with sad or stressful situations, so staying steady is important.
6. **Flexibility:** Every day can be different, and nurses need to adapt quickly.
7. **Good judgment:** Nurses must make quick decisions, especially in emergencies.
8. **Teamwork:** Nurses work closely with doctors and other staff, so being able to work well in a team is essential.
9. **Physical stamina:** Nursing can be physically tiring, involving long hours and hard work.
10. **Honesty:** Nurses should be trustworthy and respect patient privacy.
11. **Problem-solving:** Nurses need to think on their feet and solve problems as they arise.
12. **Leadership:** Sometimes nurses guide others and must do so with confidence and kindness.
13. **Resilience:** Handling difficult situations and bouncing back is important in nursing.
14. **Respect for diversity:** Nurses work with people from many different backgrounds and should respect their cultures and beliefs.

These qualities help nurses provide the best care and support for their patients.

b. Dehydration

Dehydration occurs when the body loses more fluids than it takes in, leading to an imbalance in electrolytes. Fluids are essential for various bodily functions such as digestion, circulation, and temperature regulation.

Causes

- **Inadequate fluid intake:** Not drinking enough water, especially in hot weather or during exercise.
- **Excessive fluid loss:** This can be due to sweating, vomiting, diarrhea, or fever.
- **Medical conditions:** Diabetes, kidney disease, and certain medications (like diuretics) can also lead to dehydration.

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Types of Dehydration

Dehydration can be classified into three types:

1. **Mild dehydration:** Slight loss of body fluids, which can be corrected by increasing water intake.
2. **Moderate dehydration:** More significant fluid loss, often requiring oral rehydration solutions (ORS).
3. **Severe dehydration:** This is a medical emergency and may require intravenous (IV) fluids for treatment.

Symptoms

The signs of dehydration can vary from mild-to-severe, including:

- Dry mouth and skin
- Thirst
- Fatigue and dizziness
- Dark urine or reduced urination
- Rapid heartbeat and breathing
- Confusion or fainting (in severe cases)

Risk Factors

Certain groups are at higher risk of dehydration:

- Infants and young children, due to higher water requirements.
- The elderly, who may have a diminished sense of thirst.
- Athletes, especially during intense physical activities.
- Individuals living in hot climates or experiencing high fever.

Prevention

To prevent dehydration, it's essential to:

- Drink sufficient water, especially in hot weather or during physical exertion.
- Monitor fluid intake during illness, especially when vomiting or diarrhea is present.
- Consume foods with high water content, like fruits and vegetables.

Treatment

Treatment depends on the severity:

- **Mild cases:** Increasing water intake.
- **Moderate cases:** Oral rehydration solutions (ORS) that contain salts and sugars.
- **Severe cases:** Medical treatment involving IV fluids to quickly restore hydration and electrolytes.

c. Hot and Cold Application

Refer to Solved Question Paper, February 2022, Question No. 3c.

d. Care for an Unconscious Patient

1. **Ensure airway patency:** Maintain an open airway to facilitate proper breathing. Use airway adjuncts if necessary and monitor for obstruction.

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2. **Monitor vital signs:** Regularly check and record vital signs—heart rate, blood pressure, respiratory rate, and temperature—to assess the patient's condition.
3. **Positioning:** Place the patient in the recovery position (on their side) to prevent aspiration and help keep the airway clear.
4. **Provide safety:** Protect the patient from potential injuries. Ensure the environment is free of hazards and use padding to prevent pressure sores.
5. **Prevent aspiration:** Keep the head elevated or in a position that minimizes the risk of aspiration if the patient has any fluid in their mouth or is at risk of vomiting.
6. **Assess for causes:** Identify and address potential causes of unconsciousness, such as head trauma, drug overdose, or medical conditions. Ensure timely medical intervention.
7. **Monitor for changes:** Watch for any changes in the patient's condition or responsiveness and document any significant observations.
8. **Provide comfort:** Maintain patient dignity and comfort by ensuring they are positioned comfortably and are covered appropriately.
9. **Seek medical help:** Call for emergency medical assistance or alert healthcare professionals for further evaluation and treatment.

Providing comprehensive care for an unconscious patient involves ensuring their safety, maintaining vital functions, and addressing the underlying cause of their condition.

Q4. Write short notes on any three of the following:

a. Bed sores
b. Records and reports
c. First aid
d. Sterilization

Ans:

a. Bed Sores

Nursing care for bed sores (also known as pressure ulcers) includes the following:

1. **Repositioning:** Change the patient's position every 2 hours.
2. **Skin inspection:** Frequently inspect the skin for signs of pressure sores, particularly over bony prominences like the heels, sacrum, and elbows.
3. **Wound care:** Clean and dress wounds as instructed.
4. **Pressure relief devices:** Use specialized mattresses, cushions, or pads to reduce pressure on affected areas.
5. **Hygiene:** Keep the skin clean and dry to prevent moisture-related skin damage. Bathe the patient with mild soap and water, avoiding harsh scrubbing.
6. **Nutrition:** Ensure the patient receives adequate nutrition and hydration to support skin health and healing.
7. **Education:** Teach the patient about repositioning and skin care.
8. **Pain management:** Address any pain or discomfort associated with bed sores through appropriate pain relief measures.
9. **Monitoring:** Document and Track the progress of wound healing and any changes in the patient's condition.
10. **Collaboration:** Work with the healthcare team to address underlying issues.

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b. Records and Reports

Definition of Records

Records are detailed and systematic documentation of a patient's medical history, assessments, treatments, and progress. They provide a comprehensive account of the patient's health care and interactions with the healthcare system.

Principles of Records

1. **Accuracy:** Ensure entries are precise and reflect true conditions.
2. **Timeliness:** Document promptly to keep information current.
3. **Confidentiality:** Protect patient privacy and restrict access to authorized personnel.
4. **Completeness:** Include all necessary details for a full patient history.
5. **Legibility:** Write clearly to avoid misunderstandings.
6. **Consistency:** Use standard formats and terminology.
7. **Relevance:** Record only pertinent information.
8. **Integrity:** Avoid altering or falsifying records.
9. **Accessibility:** Ensure authorized access while maintaining security.
10. **Retention:** Follow guidelines for record storage and archiving.

Importance of Records

- Ensures a complete history for informed decision-making.
- Provides legal evidence of care and protects rights.
- Helps assess and enhance the quality of care.
- Facilitates effective team communication with clear patient information.
- Ensures accurate, up-to-date information for safe decision-making.

Definition of Reports

Reports are concise summaries of key patient information, including current health status, recent treatments, and any significant changes, often used for communication between healthcare providers.

Purpose of Reports

- **Summarize key information:** Provide a quick update on the patient's condition and treatment.
- **Facilitate handover:** Ensure a smooth transfer of care during shift changes or when handing off to others.
- **Guide decision-making:** Help healthcare workers make choices based on the most recent information.

Importance of Reports

- **Effective communication:** Enhance coordination among healthcare team members.
- **Continuity of care:** Ensure all providers are informed about the patient's recent history and needs.

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- **Efficiency:** Save time by summarizing critical information, making it easier to address patient needs promptly.

c. First Aid

First aid is the initial help given to someone who is injured or ill, to keep them safe and stable until professional medical help arrives.

AAims of First Aid

- Keep the person alive until professional help arrives.
- Stop the situation from worsening.
- Assist the patient in starting their recovery.
- Alleviate pain and distress.

Principles of First Aid

- **Assess the situation:** Ensure the scene is safe for you and the patient.
- **Prioritize care:** Address the most urgent problems first, like airway, breathing, and circulation.
- **Act quickly and calmly:** Take prompt action while staying composed.
- **Use standard precautions:** Practice good hygiene and use protective gear if needed.
- **Communicate clearly:** Provide clear information to the patient and others assisting.
- **Monitor the patient:** Keep a close watch on the patient's condition and respond to changes.
- **Document actions:** Record what you did and the patient's responses, if possible

Golden Rules of First Aid

1. **Ensure safety:** Make sure the environment is safe before helping.
2. **Assess and prioritize:** Evaluate the patient and focus on critical issues first.
3. **Provide basic care:** Administer immediate care such as CPR or wound treatment.
4. **Stay calm and reassuring:** Maintain a calm presence to comfort the patient and manage the situation effectively.
5. **Call for help:** Contact emergency services for professional medical assistance if needed.
6. **Keep records:** Note down what happened, the care given, and the patient's response.
7. **Know your limits:** Understand the limits of your first aid knowledge and skills, and seek professional help when needed.
8. **Follow-up:** Ensure the patient receives proper medical attention and follow-up if you're involved in their care.

d. Sterilization

Sterilization is the process of killing all germs and microorganisms on surfaces or equipment to ensure they are completely free from any pathogens.

Methods of Sterilization

There are various methods of sterilization. Most commonly used ones are following:

1. **Autoclaving:** Uses high-pressure steam at 121–134°C (250–273°F) to kill microorganisms.

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Commonly used for sterilizing surgical instruments, lab equipment, and medical supplies. Items are placed in an autoclave where steam heats them to destroy all microorganisms and spores.

2. **Dry heat:** Uses hot air at 160–180°C (320–356°F) to sterilize items. Ideal for materials that can't handle moisture, like powders, oils, and metal instruments. Items are heated in an oven or dry heat sterilizer to destroy microorganisms.
3. **Chemical sterilant:** Uses chemicals such as ethylene oxide (EtO), hydrogen peroxide, or glutaraldehyde. Suitable for heat-sensitive items like plastics and rubber. Items are exposed to the chemical agent in a controlled environment to ensure thorough sterilization.
4. **Radiation:** Utilizes UV light or gamma rays to destroy microorganisms. Used for sterilizing disposable medical supplies, pharmaceuticals, and some food products. Items are exposed to radiation that damages microbial DNA, preventing replication.
5. **Boiling:** Heats water to 100°C (212°F) to kill most microorganisms. Common for sterilizing drinking water or heat-resistant items at home. Items are submerged in boiling water for 10–30 minutes. Effective for bacteria and some viruses but not reliable for all bacterial spores.
6. Flaming sterilizes metal tools by heating them until red-hot in a flame. It kills microorganisms on the surface but doesn't penetrate or sterilize larger items.
7. Fumigation uses gases to disinfect large areas or items by killing microorganisms and pests. It involves chemicals like formaldehyde or sulphur dioxide and requires careful handling and ventilation.

Q5. Write short notes on any four of the following:

a. Bed making
b. Vital signs
c. Hand washing
d. Oral medication
e. Steam inhalation

Ans:

a. Bed Making

Bed making is a fundamental nursing skill that ensures a patient's comfort, hygiene, and safety. It involves preparing and arranging the bed to meet the patient's needs, whether they are in a hospital, nursing home, or home care setting.

There are two types of bed making:

1. **Occupied bed:** Made while the patient is still in the bed, typically for patients who cannot get out of bed due to illness or immobility.
2. **Unoccupied bed:** Made when the patient is out of the bed, allowing for easier cleaning and arrangement.

Purpose of Bed Making

- **Patient comfort:** Ensures a smooth, comfortable surface for the patient.
- **Prevent Pressure sores:** Reduces friction and pressure on the skin.
- **Hygiene:** Maintains cleanliness and reduces infection risk.
- **Safety:** Prevents accidents from loose or tangled bedding.

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- **Therapeutic environment:** Enhances the patient's mental well-being.
- **Promotes rest:** Supports better sleep for healing and recovery.

Key principles of bed making include:

1. **Comfort:** Ensuring sheets are smooth and wrinkle-free to prevent skin irritation.
2. **Hygiene:** Using clean, dry linens to reduce the risk of infection.
3. **Safety:** Properly positioning the bed and securing loose linens to avoid accidents.
4. **Economy:** Saves time, energy and material.
5. **Body mechanics:** Good body mechanics maintains the body alignment and prevents fatigue.

b. Vital Signs

Vital signs are essential physiological measurements used to assess a patient's general health and detect potential medical issues. They help evaluate the functioning of critical body systems, including cardiovascular, respiratory, and neurological.

Primary Vital Signs include

1. **Temperature:** Reflects the balance between heat production and loss, with a normal range of 36.5°C–37.5°C (97.7°F–99.5°F). Abnormal temperatures may indicate infection or systemic issues.
2. **Pulse (heart rate):** Indicates the number of heartbeats per minute, with a normal range of 60–100 beats per minute. Abnormal rates can signal heart disease, shock, or stress.
3. **Respiratory rate:** Measures breaths per minute, with a normal rate of 12–20 breaths. Abnormal rates may suggest respiratory or metabolic issues.
4. **Blood pressure:** Measures the force of blood against artery walls, with a normal reading of 120/80 mm Hg. Abnormal levels can lead to heart disease, stroke, or dizziness.

Purpose of Measuring Vital Signs

- Assess overall health and detect abnormalities.
- Monitor vital functions such as heart rate, breathing, and temperature.
- Identify early signs of health problems or conditions.
- Guide treatment decisions and evaluate intervention effectiveness.
- Track changes in the patient's condition over time.

c. Hand Washing

Hand washing is a critical practice in healthcare to prevent the spread of infections and ensure patient safety.

It is one of the most effective methods for reducing healthcare-associated infections (HAIs) and maintaining a sterile environment.

Types of Hand Washing

1. **Routine hand washing:**
   - *Purpose:* Removes dirt and lowers the number of germs.
   - *Procedure:* Wet hands with water, apply soap, lather and scrub for at least 20 seconds, rinse, and dry.

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2. **Antiseptic hand washing:**
   - *Purpose:* Kills more germs than regular hand washing.
   - *Procedure:* Use special antimicrobial soap or antiseptic solutions. Scrub thoroughly, including under nails and between fingers.

2. **Hand sanitizing:**
   - *Purpose:* Quickly reduces germs when soap and water are not available.
   - *Procedure:* Use an alcohol-based hand sanitizer (at least 60% alcohol). Rub all over hands until dry.

3. **Surgical hand washing**

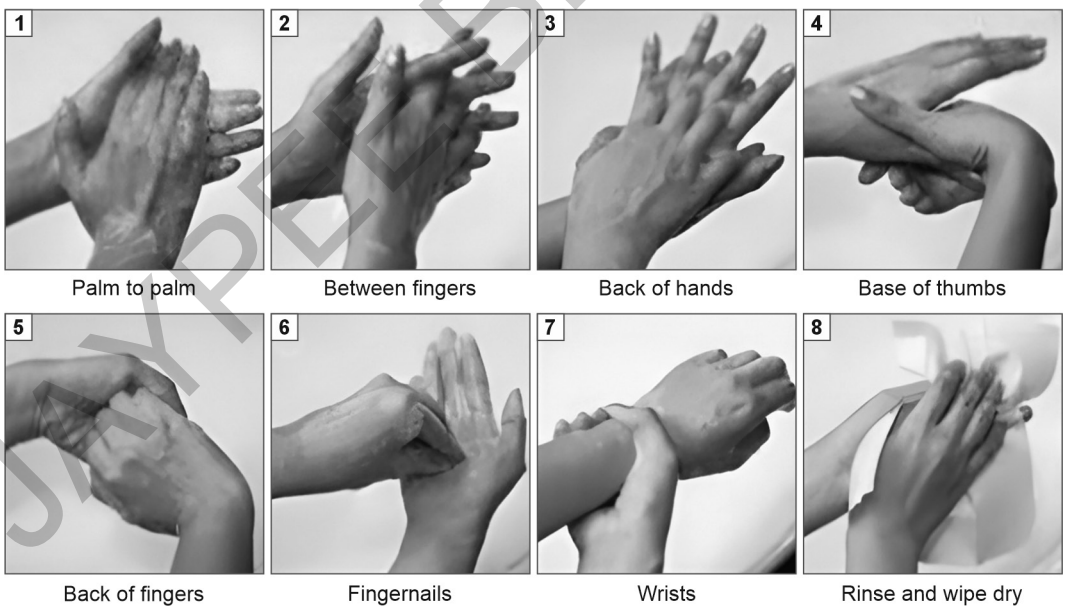
Purpose

- **Reduce microbial load:** Minimize the number of microorganisms on the skin to prevent them from contaminating the sterile field during surgery.
- Prevent Infection

When to Wash Hands

- **Before and after patient contact:** To keep patients safe and avoid spreading germs.
- **Before and after procedures:** Such as inserting catheters or cleaning wounds.
- **After contact with body fluids:** Like blood or urine.
- **After touching dirty surfaces:** Such as bedrails or medical equipment.

Recommended Hand Washing Technique



d. Oral Medication

Oral medication refers to drugs taken by mouth in the form of tablets, capsules, liquids, or powders.

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The Eight Rights of patients in giving drugs needs to be maintained.

1. Right Patient
2. Right Drug
3. Right Dose
4. Right Time
5. Right Route
6. Right Documentation
7. Right Reason
8. Right Response

Nurses Responsibility in the Administration of Oral Medications

1. **Verify orders:** Check medication orders for accuracy.
2. **Identify patient:** Ensure the correct patient receives the medication.
3. **Prepare medication:** Measure and prepare the drug correctly.
4. **Educate patient:** Explain the medication's purpose and instructions.
5. **Administer:** Give the medication as prescribed.
6. **Document:** Record administration details in the patient's chart.
7. **Monitor:** Watch for effects and side effects.
8. **Maintain hygiene:** Practice proper hand hygiene and infection control.
9. **Comfort:** Make patient comfortable.

e. Steam Inhalation

Breathing warm and moist air produced by a vaporizer is called steam/moist inhalation.

Purpose of Steam Inhalations

1. Relieves inflammation and congestion of respiratory tract and sinuses.
2. Softens thick mucus and aids its expulsion.
3. Provides heat and moisture, preventing dryness after operations (e.g., tracheostomy).
4. Aids oxygen absorption.
5. Relieves spasm of larynx and bronchi.
6. Provides antiseptic action with agents like menthol, benzoin, or eucalyptus.

Drugs Used

- Tr. benzoin 5 mL per 500 mL of boiling water
- Eucalyptus 2 mL per 500 mL of boiling water
- Methyl salicylate few drops per 500 mL of boiling water.
- Menthol few crystals per 500 mL of boiling water.
- Camphor few crystals per 500 mL of boiling water.

Methods for Giving Steam Inhalation

1. **By jug method:** In this method, a Nelson's inhaler is used. The type of inhalant required and the boiling water is filled in the jug and the patient breathes the vapour.
2. **By steam tent:** When a high concentration of steam is required, a steam tent may be used. There are different ways of making a tent.
3. **By electric steam inhaler:** Small electric vaporizers can be used to give steam inhalation It consists of a small jar with a heating element extending into the jar. The jar is filled with water.

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Asha Kapoor is an accomplished nursing academician and Associate Professor at Baba Farid University of Health Sciences (BFUHS), Punjab—one of the leading health sciences universities in India.

She holds a PhD in Nursing Sciences from BFUHS and a master's degree in nursing from the prestigious Christian Medical College (CMC), Ludhiana.

With over 20 years of extensive experience in nursing education and clinical practice, she has made significant contributions to teaching, curriculum development, and student's mentorship. Her areas of interest include nursing education, clinical training, and examination-oriented teaching methodologies. She is widely recognized for her commitment to academic excellence and her ability to simplify complex concepts for student learning.

Arti Kapoor is a dedicated nursing professional and Faculty College of Nursing at AIIMS Jodhpur, one of India's premier institutes of medical education and research.

She holds a PhD in Nursing Sciences from Baba Farid University of Health Sciences (BFUHS), Punjab, and brings nearly two decades of experience in nursing education and clinical practice. She has been actively involved in teaching, academic mentoring, and the development of student-centered learning resources.

Her academic approach emphasizes clarity, conceptual understanding, and examination-oriented preparation, making her a valued educator among nursing students.

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