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Medical-Surgical Nursing Part I

for GNM (2nd Year)

Most Authentic & Updated Solved Question Papers

As per INC Syllabus

Solved Question Papers with Important Theory

2017-2005

Parambeer Kaur Rai

3rd Edition

JAYPEE

Contents

INC Syllabus *vii*

1. Important Theory 1
2. Solved Question Paper July 2017 20
3. Solved Question Paper November 2016 33
4. Solved Question Paper December 2015 43
5. Solved Question Paper December 2014 58
6. Solved Question Paper January 2013 70
7. Solved Question Paper January 2012 80
8. Solved Question Paper May/June 2011 103
9. Solved Question Paper November 2010 129
10. Solved Question Paper November 2009 148
11. Solved Question Paper December 2008 169
12. Solved Question Paper October 2007 197
13. Solved Question Paper October 2006 219
14. Solved Question Paper September 2005 241

Medical-Surgical Nursing
(Part I)
November 2016

Time: 3 Hours *Maximum Marks: 75*

Note: *Attempt all questions and its parts in sequence.*

Q.1. Mr. Verma 50-year-old man is admitted in male medical ward with asthma. **5 + 5 + 5 = 15**

a. Define asthma. Enlist the cause and risk factors of asthma.
b. Write the medical management of asthma.
c. Prepare a nursing care plan for Mr. Verma.

Q.2. Write down the nursing responsibility of any three of the following: **5 + 5 + 5 = 15**

a. Administration of drugs.
b. Care of patient in OT.
c. Care of patient having seizures.
d. A patient posted for MRI.

Q.3. a. Write the reasons and routes of lower urinary tract infection. **5 + 5 + 5 = 15**

b. Write the signs and symptoms and complications of urinary tract infection.
c. Write the nursing management of the patient suffering from urinary tract infection.

Q.4. Write down the action, indication, contraindication, side effect and nursing responsibility of the following: **5 + 5 + 5 = 15**

a. Lasix
b. Hydrocortisone
c. Deriphyllin

Q.5. a. What do you mean by myocardial infarction. Enlist the cause of myocardial infarction. **5 + 5 + 5 = 15**

b. Write the predisposing factors of myocardial infarction.
c. Write the medical and nursing management of myocardial infarction.

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SOLVED QUESTION PAPER 2016

Q.1. Mr. Verma 50-year-old man is admitted in male medical ward with asthma.

a. Define asthma. Enlist the cause and risk-factors of asthma.
b. Write the medical management of asthma.
c. Prepare a nursing care plan for Mr. Verma.

DEFINE ASTHMA ENLIST THE CAUSE AND RISK-FACTORS OF ASTHMA

Refers to paper 2010/11, question 2(a) and (b)

MEDICAL MANAGEMENT OF ASTHMA

Refers to paper 2010/11, question 2(c)

PREPARE A NURSING CARE PLAN FOR MR. VERMA

Refers to paper 2010/11, question 2(d)

Q.2. Write down the nursing responsibility of any three of the following:

a. Administration of drugs.
b. Care of patient in OT.
c. Care of patient having seizures.
d. A patient posted for MRI.

ADMINISTRATION OF DRUGS

Refers to paper 2010, question 3(a)

CARE OF PATIENT IN OT

Refers to paper 2010, question 3(b)

CARE OF PATIENT HAVING SEIZURE

During Seizure

- Provide privacy and protect the patient from curious on lookers [the patient who has an aura (warning of an impending seizures) may have time to seek a safe private place].
- Ease the patient to the floor if possible.
- Protect the head with the pad to prevent injury.
- Loosen constrictive clothing.
- Push aside any furniture that may injure the patient during the seizure.

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- If the patient is in bed, remove pillows and raise side rails.
- If an aura precedes the seizures, insert a padded tongue blade between the teeth to reduce the possibility of tongue or cheek being bitten.
- Do not attempt to pry open jaws that are clenched in a spasm to insert anything. Broken teeth and injury to the lips and tongue may result from such action.
- No attempt should be made to restrain the patient during the seizure, because muscular constructions are strong and restraint can produce injury.
- If possible, place the patient on one side with head flexed forward, which allows the tongue to fall forward and facilitates drainage of saliva and mucus. If suction is available use it if necessary to clear secretions.

After Seizures

- Keep the patient on one side to prevent aspiration.
- Make sure the airway is patent.
- There is usually a period of confusion after a grand mal seizure.
- A short apneic period may occur during or immediately after a generalize seizure.
- The patient, on awakening should be reoriented to the environment.
- If the patient experiences severe excitement after a seizure (postictal) try to handle the situation with calm persuasion and gentle restrain.

PATIENT POSTED FOR MRI

Recommendations When Preparing Patients for MRI

In order to have an effective MRI screening, the patient must be thoroughly prepared for the experience. The MRI screening involves being in a small, enclosed space and holding still during the process—they approach the situation in a calmer manner.

The referring physician and nurse also need to provide as much clinical history as possible to the MRI facility performing the exam. Background information, such as seizures, pains, and other factors can help the radiologist design the most effective study for the patient. If the patient does require some medication to assist with anxiety or pain, it is best ordered prior to the study, and clearly communicated to the MRI facility.

Safety Concerns

The first concern is the protection of the patient. This usually involves a dedicated MRI screening questionnaire completed by the patient and reviewed by the facility prior to scanning.

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The questionnaire must ask about previous surgical procedures, with particular regard to head or heart surgery, since most absolute contraindications involve these areas. For example, a pacemaker or ferromagnetic aneurysm clip will prohibit a patient from having an MRI exam, but a hip implant usually will not. Common absolute contraindications include, but are not limited to pacemakers, ferromagnetic intracranial aneurysm clips, metal fragments in the eye, and cochlear implants.

Therefore, it is very important to control the environment by establishing zones of protection. MRI technical personnel must screen all persons and equipment for ferromagnetic objects prior to entering these zones.

The goal of the MRI screening is to obtain a high-quality image to safely and accurately diagnose a patient. However, this image may not be achieved if certain objects interfere. Some implants or metal objects can cause severe artifacts.

Q.3. a. Write the reasons and routes of lower urinary tract infection.
b. Write the sign and symptoms and complications of urinary tract infection.
c. Write the nursing management of the patient suffering from urinary tract infection.

REASON AND ROUTES OF LOWER URINARY TRACT INFECTION (UTI)

UTI are caused by the presence of pathogenic microorganisms in the urinary tract. The most common site of infection is bladder, urethra, prostate and kidney may also be affected. Inability or failure to empty the bladder completely, decreased natural host defense, instrumentation of the urinary tract including, catheterization and cystoscopic procedures. Pregnancy and neurologic disorders also increase the risk of UTI. Cystitis occurs more often in women than men.

WRITE THE SIGNS AND SYMPTOMS AND COMPLICATIONS OF UTI

Signs and Symptoms

- Urgency
- Frequency
- Burning
- Pain on urination
- Nocturnal
- Pain or spasm in the reason of the bladder and suprapubic area
- Pyuria, (white blood cells in the urine) bacteria and red blood cells are found on examination of the urine.

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Complications of UTI

Complications of a UTI may include:

- Recurrent infections, especially in women who experience three or more UTIs.
- Permanent kidney damage from an acute or chronic kidney infection (pyelonephritis) due to an untreated UTI.
- Increased risk in pregnant women of delivering low birth weight or premature infants.
- Urethral narrowing (stricture) in men from recurrent urethritis, previously seen with gonococcal urethritis.
- Sepsis, a potentially life-threatening complication of an infection, especially if the infection works its way up your urinary tract to your kidneys.

NURSING MANAGEMENT OF LOWER URINARY TRACT INFECTION

- Pain and discomfort associated with urinary tract infection are relieved once antimicrobial therapy is initiated, antispasmodic agents may be useful in relieving bladder irritability and pain.
- Aspirin, heat to the perineum and hot tub baths helps to relieve discomfort and spasm.
- Encourage the patient to drink plenty of fluids to promote renal blood flow and to flush the bacteria from urinary tract.
- Encourage the patient for frequent voiding and completely empty the bladder. Reduce concentration of pathogen at the vaginal opening by hygienic measures.
- Teach the patient for shower rather than in a tub.
- Clean around the perineum and urethral meatus after each bowel movement.
- Drink adequate amount of fluid during a day to flush out bacteria.
- Avoid coffee tea, colas and alcohol.
- Void every two to three hours during a day and completely empty the bladder.
- Void immediately after sexual intercourse.
- Take the prescribed single dose of oral antimicrobial agent following sexual intercourse. If bacteria continue to appear in the urine, long-term antimicrobial therapy may be required to prevent recurrence of infection.

Q.4. Write down the action, indication, contraindication, side effect and nursing responsibility of the following:

a. Lasix
b. Hydrocortisone
c. Deriphyllin

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LASIX

Refer paper January 2013, question 4 (a)

HYDROCORTISONE

Refer paper January 2013, question 4 (b)

DERIPHYLLIN

Refer paper January 2013, question 4 (c)

Q.5. a. What do you mean by myocardial infarction. Enlist the cause of myocardial infarction.
b. Write the predisposing factors of myocardial infarction.
c. Write the medical and nursing management of myocardial infarction.

DEFINE MYOCARDIAL INFARCTION (MI)

Myocardial infarction refers to a dynamic process by which one or more regions of the heart experience a severe and prolonged decrease in oxygen supply because of insufficient coronary blood flow; subsequently necrosis or 'death' to the myocardial tissue occurs.

PREDISPOSING FACTORS OF MYOCARDIAL INFARCTION

Modifiable Risk Factors

- Hyperlipidemia
- Smoking
- Hypertension
- Diabetes
- Obesity
- Physical activity
- Stress and type A personality.

Nonmodifiable Factors

- **Family:** History
- **Age:** Increased age
- **Gender:** Men have greater risk
- **Etiology:** Caused by atherosclerosis.

Other Factors

- Surgical procedure
- Cocaine use

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- Agitation
- Hypoglycemia
- Pulmonary embolus
- Myocardial trauma
- Stroke.

Signs and Symptoms of Myocardial Infarction

- Chest pain is the most common presenting symptom of myocardial infarction.
- Characteristic pain is substernal, radiates to the arms, neck or back; if crushing or sneezing is severe, is not relieved by rest or nitroglycerine and lasts longer than 30 minutes.
- Associated symptoms may include nausea.
- Some persons, most often those with diabetes or hypertension have no chest pain or 'silent' MI detected only by ECG.
- Bradycardia or tachycardia.
- Palpitations, severe anxiety and dyspnea.
- Disorientation, confusion and restlessness.
- Fainting and marked weakness.
- Vomiting and hiccups.
- Atypical symptoms—Epigastric or abdominal distress, dull aching or tingling sensations, shortness of breath and extreme fatigue.
- Diaphoresis, cool clammy skin and facial pallor.

MEDICAL AND NURSING MANAGEMENT

Medical Management

Pharmacologic Therapy

- The pharmacologic therapy for treatment of MI is standard.
- MONA–acronym that outlines the immediate pharmacologic interventions used to treat MI.
- **M (Morphine):** Given IV used to treat chest pain. Morphine's analgesic effects decrease the pain, relieve anxiety and improve cardiac output by reducing preload and after load.
- **O (Oxygen):** Given via nasal cannula or face mask. Increases oxygenation to ischemic heart muscle.
- **N (Nitrates):** Given sublingually, spray or IV vasodilatory therapy reduces preload by decreasing blood return to the heart and decreasing oxygen demand.
- **A (Aspirin):** Immediate dosing by mouth is recommended to halt platelet aggregation.

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Other Medications

- Thrombolytic agents, such as tissue plasma activator, streptokinase and reteplase, re-establish blood flow in coronary vessels by dissolving thrombus.
  - No effect on the underlying stenosis that precipitated the thrombus to form.
- Administered IV or IC (Intracardiac). Antiarrhythmic, such as amiodarone, decrease the ventricular irritability that occurs after MI.
  - Given IV via bolus, then infusion over 24 hours.
  - Nursing Management
- Gather information regarding the patient's chest pain:
  - Nature and intensity
  - Onset and duration
  - Location and radiation
  - Precipitating and aggravating factors.
- Observe patient for diaphoresis, facial pallor, dyspnea, guarding behaviors, rigid body posture, extreme weakness and confusion.
- Evaluate cognitive, behavioral and emotional status.
- Gather information about presence or absence of cardiac risk factors.

Case I

Nursing diagnosis: Acute pain related to oxygen supply and demand imbalance.
Goals: To reduce the pain.
Nursing intervention:

- Handle patient carefully while providing initial care starting IV infusion, obtaining ECG monitoring.
- Maintain oxygen saturation greater than 95%.
  i. Administer oxygen by nasal cannula.
  ii. Encourage patient to take deep breaths.
- Administer sublingual nitroglycerine as directed, recheck, BP, heart rate and respiratory rate before administering nitrate therapy and then 5 to 10 minutes after dose.
- Administer opioids as prescribed.
- Frequently review with patient the importance of reporting chest pain, discomfort and epigastric distress without delay.

Case II

Nursing diagnosis: Anxiety related to chest pain, fear of death and threatening environment.
Goal: Reducing anxiety and fear.

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Nursing intervention:

- Assess patient for signs of hypoperfusion, auscultate heart and lung sounds, obtain a rhythm strip and administer oxygen as prescribed.
- Document all assessment findings, health care provider notifications response and interventions.
- Explain the patient and family reasons for hospitalization, diagnostic tests and therapies administered.
- Explain equipment, procedures and need for frequent assessment to patient and significant others.
- Administer antianxiety agents as prescribed.

Case III

Nursing diagnosis: Decrease cardiac output related to impaired contractility.
Goal: Maintaining hemodynamic stability.
Nursing intervention:

- Monitor BP every 2 hours.
- Monitor respirations and lung fields every 2 to 4 hours or prescribed:
  - Auscultate for normal and abnormal breath sounds.
  - Observe for dyspnea, tachypnea, frothy pink sputum, orthopnea may indicate left-sided heart failure, pulmonary embolus and pulmonary edema.
- Take body temperature every 4 hours or as directed.
- Monitor skin color and temperature.
- Be alert to change in mental status, such as confusion, restlessness and disorientation.
- Evaluate urine output—decrease in volume reflects a decrease in renal blood flow.
- Keep emergency equipment at bedside.

Case IV

Nursing diagnosis: Risk for injury or bleeding related to dissolution of protective clots.
Goals: Preventing bleeding.
Nursing intervention:

- Take vital signs every 15 minutes during infusion of thrombolytic agent and then hourly.
- Observe for hematomas or skin breakdown, especially in potential pressure areas such as the sacrum, back, elbows and ankles.
- Be alert to verbal complaints of back pain indicative of possible retroperitoneal bleeding.
- Observe for blood in stool, emesis, urine and sputum.

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- Avoid IM injections.
- Administer antacids or GI prophylaxis, as directed, to prevent stress ulcers.
- Monitor for changes in mental status and headache.
- Avoid vigorous oral suctioning.
- Avoid uses of automatic BP device above puncture sites or hematoma.

Case V

Nursing diagnosis: Ineffective tissue perfusion related to coronary restenosis, extension of infarction.
Goal: Maintaining tissue perfusion.
Nursing intervention:

- Observe for persistent and recurrence of signs and symptoms of ischemia, including chest pain, diaphoresis and hypotension may indicate extension of MI and reclusion of coronary vessels.
- Report immediately.
- Administer oxygen as directed.
- Record a 12-lead ECG.
- Prepare patient for possible emergency procedures: Cardiac catheterization, bypass surgery, PCI, thrombolytic therapy and intra-aortic balloon pump.

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Medical-Surgical Nursing (Part I)

for GNM (2nd Year)

Salient Features

- The entire subject matter has been represented in a simple language as well as an excellent understanding of grammar and punctuation and lucid style for the benefit of beginners as well as experienced in the discipline of the respected subject
- Strong computer skills are imperative, as a lot of research and typing done on a daily basis, also covers the entire syllabus of INC
- Every attempt has been made to maintain easy readability and providing latest ideas about how to clear the university examinations
- Diagrams and tables have been placed to make the solutions self-explanatory
- The question papers are precisely identical as they were in previous university examinations (new scheme according to the BFUHS and latest INC syllabus)
- Every book of solved paper is an important part of 'series and organization of solved paper of all subjects' by the same author(s).



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