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Medical-Surgical Nursing Part II

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

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Medical-Surgical Nursing
(Part II)
November 2016

Time: 3 Hours *Maximum Marks: 75*

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

Q.1. a. Write the classification of cancer. **5 + 5 + 5 = 15**
b. Write down the nursing management of the patient receiving chemotherapy.
c. Explain the late effects of the chemotherapy and radiations.

Q.2. Write down the signs and symptoms of the following: 5 + 5 + 5 = 15
a. Dengue fever
b. Glaucoma
c. Meningitis

Q.3. a. Define hypertension. Enlist the risk factors of hypertension. **5 + 5 + 5 = 15**
b. Describe the medical and nursing management of patient with hypertension.
c. Explain the risk factor of myocardial infarction.

Q.4. Write down the nursing management of the following: 5 + 5 + 5 = 15
a. Fibroid uterus
b. Fracture
c. Patient having tonsillectomy.

Q.5. Write short notes on the following: 5 + 5 + 5 = 15
a. Corneal transplantation
b. AIDS
c. Burn and its management.

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SOLVED QUESTION PAPER 2016

Q.1. a. Write the classification of cancer.
b. Write down the nursing management of the patient receiving chemotherapy.
c. Explain the late effects of the chemotherapy and radiations.

CLASSIFICATION OF CANCER

Disease caused by an uncontrolled division of abnormal cells in a part of the body.

Or

A malignant growth or tumor resulting from an uncontrolled division of cells.

CLASSIFICATION OF CANCER

Cancer classification is made according to the site of origin of the malignant cells, the history, or cell analysis and the extent of the disease.

Site of Cancer Origin

- **Adenocarcinoma:** Originates in glandular tissue.
- **Blastoma:** Originates in embryonic tissue of organs.
- **Carcinoma:** Originates in epithelial tissue (i.e. tissue that lines organs and tubes).
- **Leukemia:** Originates in tissues that from blood cells.
- **Lymphoma:** Originates in lymphatics tissue.
- **Myeloma:** Originates in bone marrow.
- **Sarcoma:** Originates in connective or supportive tissue (e.g. bone cartilage, muscle).

RESPONSIBILITIES OF THE NURSE DURING AND AFTER CHEMOTHERAPY

During Chemotherapy

- Special care must be taken whenever intravenous vesicant agents are administered.
- Vesicant drugs are these agents that, if deposited into the subcutaneous tissue, cause tissue necrosis and damage to underlying tendons, never and blood vessels.
- Only specially trained nurses are to be involved in the administration of vesicants.
- Careful drug administration is essential.

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- Indications of extravasations from the intravenous catheter resistance to flow of intravenous fluid and swelling, pain or redness at the site.
- When frequent, prolonged administration of vesicant antineoplastic agents is anticipated, right atrial silastic catheters or venous access devices may be instated.
- These devices promote safety during administration and reduce problems with access to the circulatory system.
- Monitoring blood cell counts frequently in essential as is protecting the patient from infection and injury.
- Monitoring blood urea nitrogen, serum creatinine, sodium electrolyte level in essential.

After Chemotherapy

- Nausea and vomiting are the most common side effects of chemotherapy may persist up to 24 hours after drug administration.
- Delayed nausea and vomiting which occur later than 48 to 72 hours after chemotherapy.
- Antiemetic medication is often necessary for the first week.
- Anorexia, nausea, vomiting, altered taste, and fluid and electrolyte disturbance at risk for nutritional fluid and electrolyte disturbance.
- It is important for the nurse to assess the patient's nutritional and fluid status frequently.
- To encourage the patient to take adequate fluid and diet.
- Nursing assessment and care focus on patient's on risk of anemia, infection and bleeding disorders.
- Asepsis and gentle handling are indicated to prevent infection and trauma.
- Laboratory test results especially blood cell counts are monitored closely.
- The patient and family members are instructed about measures to prevent these problems at home.

LATE EFFECT OF THE CHEMOTHERAPY AND RADIOTHERAPY

Late Effects of Radiotherapy

- Local reaction to radiation occur only in radiated and are classified as early radiation if they occur during treatment and as late or delayed if they occur only time after six months.
- Systemic reaction to radiation nausea, fatigue and weakness occur only during treatment.
- The severity of reaction depends upon the total dosages received and the tissue composition.

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- Acute reactions are self-limiting and relate to edema, inflammations. Acute reaction occur day to weeks after the initiation of therapy and resource 2 to 4 weeks after the completion of the therapy.
- Fatigue, weakness and nausea are the most frequently occurring symptoms of systemic reaction to radiation.
- Skin reactions are also prevents dryness scaling, itching and blister formation.
- Hair loss is temporary if the total radiation dose is less than 3000 rods. Hair growth reoccurs in 6 to 8 weeks but thickness may be diminished.
- Saliva becomes thick and acidic bacterial growth and tooth decay.

Late Side Effects of Chemotherapy

Most chemotherapy side effects are temporary and disappear once your treatment is over. But for some people chemotherapy can cause long-term changes in the body. The changes may happen months or many years after the chemotherapy has finished.

Many people feel more tired than usual for a long time after chemotherapy treatment. This is most likely to happen after a lot of treatment, or very intensive treatment. For example, after high dose chemotherapy or if you are having a bone marrow or stem cell transplant.

In some cases chemotherapy can cause infertility. There is information on infertility in the main chemotherapy section.

Some chemotherapy drugs can cause long-term problems with specific body organs. For example, there are drugs that can cause heart damage or lung damage.

A long-term side effect of some drugs is a risk of getting another cancer in the future. This is called a second cancer. For your own peace of mind, it is important to remember that this is a very small risk, and only occurs with some chemotherapy drugs.

Q.2. Write down the signs and symptoms of the following:

a. Dengue fever
b. Glaucoma
c. Meningitis

SIGNS AND SYMPTOMS OF DENGUE FEVER

Symptoms, which usually begin 4 to 6 days after infection and last for up to 10 days, may include:

- Sudden high fever
- Severe headaches
- Pain behind the eyes
- Severe joint and muscle pain
- Fatigue

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- Nausea
- Vomiting
- Skin rash, which appears 2 to 5 days after the onset of fever
- Mild bleeding (such a nose bleed, bleeding gums, or easy bruising).

Sometimes, symptoms are mild and can be mistaken for those of the flu or another viral infection. Younger children and people who have never had the infection before tend to have milder cases than older children and adults. However, serious problems can develop. These include dengue hemorrhagic fever, a rare complication characterized by high fever, damage to lymph and blood vessels, bleeding from the nose and gums, enlargement of the liver, and failure of the circulatory system. The symptoms may progress to massive bleeding, shock, and death. This is called dengue shock syndrome (DSS).

GLAUCOMA

Refer paper 2005, question 2(c)

MENINGITIS

Refer paper 2009, question 6.

Q.3. a. Define hypertension. Enlist the risk factors of hypertension.
b. Describe the medical and nursing management of patient with hypertension.
c. Explain the risk factor of myocardial infarction.

HYPERTENSION

Hypertension can be defined as arbitrarily as persistent levels of blood pressure in which the systolic pressure is above 140 mm Hg and the diastolic pressure is above 90 mm Hg.

SIGNS AND SYMPTOMS OF HYPERTENSION

Refer paper October 2007, question 2(b)

Causes

There are two types of high blood pressure. These are:

Primary (Essential) Hypertension

For most adults, there is no identifiable cause of high blood pressure. This type of high blood pressure, called primary (essential) hypertension, tends to develop gradually over many years.

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Secondary Hypertension

Some people have high blood pressure caused by an underlying condition. This type of high blood pressure, called secondary hypertension, tends to appear suddenly and cause higher blood pressure than does primary hypertension. Various conditions and medications can lead to secondary hypertension, including:

- Obstructive sleep apnea
- Kidney problems
- Adrenal gland tumors
- Thyroid problems
- Certain defects in blood vessels you are born with (congenital)
- Certain medications, such as birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs
- Illegal drugs, such as cocaine and amphetamines
- Alcohol abuse or chronic alcohol use.

Risk Factor of Hypertension

High blood pressure has many risk factors, including:

- **Age:** The risk of high blood pressure increases according to your age. Through early middle age, or about age 45 years, high blood pressure is more common in men. Women are more likely to develop high blood pressure after age 65 years.
- **Race:** High blood pressure is particularly common among Blacks, often developing at an earlier age than it does in Whites. Serious complications, such as stroke, heart attack and kidney failure, also are more common in Blacks.
- **Family history:** High blood pressure tends to run in families.
- **Being overweight or obese:** The more you weigh the more blood you need to supply oxygen and nutrients to your tissues. As the volume of blood circulated through your blood vessels increases, so does the pressure on your artery walls.
- **Not being physically active:** People who are inactive tend to have higher heart rates. The higher your heart rate, the harder your heart must work with each contraction and the stronger the force on your arteries. Lack of physical activity also increases the risk of being overweight.
- **Using tobacco:** Not only does smoking or chewing tobacco immediately raise your blood pressure temporarily, but the chemicals in tobacco can damage the lining of your artery walls. This can cause your arteries to narrow, increasing your blood pressure. Secondhand smoke also can increase your blood pressure.
- **Too much salt (sodium) in your diet:** Too much sodium in your diet can cause your body to retain fluid, which increases blood pressure.

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- **Too little potassium in your diet:** Potassium helps balance the amount of sodium in your cells. If you do not get enough potassium in your diet or retain enough potassium, you may accumulate too much sodium in your blood.
- **Too little vitamin D in your diet:** It is uncertain if having too little vitamin D in your diet can lead to high blood pressure. Vitamin D may affect an enzyme produced by your kidneys that affects your blood pressure.
- **Drinking too much alcohol:** Over time, heavy drinking can damage your heart. Having more than two drinks a day for men and more than one drink a day for women may affect your blood pressure.
- **Stress:** High levels of stress can lead to a temporary increase in blood pressure. If you try to relax by eating more, using tobacco or drinking alcohol, you may only increase problems with high blood pressure.
- **Certain chronic conditions:** Certain chronic conditions also may increase your risk of high blood pressure, such as kidney disease, diabetes and sleep apnea.
  Sometimes pregnancy contributes to high blood pressure.

Complications

The excessive pressure on your artery walls caused by high blood pressure can damage your blood vessels, as well as organs in your body. The higher your blood pressure and the longer it goes uncontrolled, the greater the damage.

Uncontrolled high blood pressure can lead to:

- **Heart attack or stroke:** High blood pressure can cause hardening and thickening of the arteries (atherosclerosis), which can lead to a heart attack, stroke or other complications.
- **Aneurysm:** Increased blood pressure can cause your blood vessels to weaken and bulge, forming an aneurysm. If an aneurysm ruptures, it can be life-threatening.
- **Heart failure:** To pump blood against the higher pressure in your vessels, your heart muscle thickens. Eventually, the thickened muscle may have a hard time pumping enough blood to meet your body's needs, which can lead to heart failure.
- **Weakened and narrowed blood vessels in your kidneys:** This can prevent these organs from functioning normally.
- **Thickened, narrowed or torn blood vessels in the eyes:** This can result in vision loss.
- **Metabolic syndrome:** This syndrome is a cluster of disorders of your body's metabolism, including increased waist circumference; high triglycerides; low high-density lipoprotein (HDL) cholesterol, the 'good'

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cholesterol; high blood pressure; and high insulin levels. These conditions make you more likely to develop diabetes, heart disease and stroke.

- **Trouble with memory or understanding:** Uncontrolled high blood pressure may also affect your ability to think, remember and learn. Trouble with memory or understanding concepts is more common in people with high blood pressure.

MEDICAL MANAGEMENT

Treatment is two classes—diuretics and beta blocker.

- Furosemide (Lasix)
- Spironolactone
- Resapine
- Methyldopa
- Propranolol
- Metoprolol
- Nadolol
- Labetalol hydrochloride
- Nifedipine
- Verapamil.

Nonpharmacologic Approaches

- Weight reduction
- Restriction of alcohol, sodium, and tobacco
- Exercise and relaxation used in all antihypertensive therapy.

Nursing Management

- Assessing the patient with hypertension.
- Carefully monitoring the blood pressure at frequent intervals and then at routine scheduled.
- A complete history should be obtained to assess for symptoms.
- Signs includes such as: Nose bleeds, anginal pain shortness of breath, alteration in vision—vertigo, headaches of nocturia.
- The treatment regimen consists of antihypertensive medication.
- Dietary restrictions of sodium and fat, wheight control, lifestyle changes, exercise and follow up at regular intervals.
- The patient should be advised to avoid beverages that contain caffeine and alcohol may have synergistic effects with.

RISK FACTOR OF MYOCARDIAL INFARCTION

Refer paper 2012, question 3(b)

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Q.4. Write down the nursing management of the following:

a. Fibroid uterus
b. Fracture
c. Patient having tonsillectomy.

FIBROID UTERUS

Assessment: Pain, menstrual irregularity, possible urinary symptoms, constipation.

Understanding of condition as begin the sign and symptoms

Nursing Diagnosis:

- Acute/chronic pain in tumor growth
- Anxiety
- Hopelessness
- In effective capping pattern
- In effective sexually pattern.

Key Outcomes

Patient will:

- Express feeling of comfort
- Express feeling of reduced anxiety
- Be involved in planning own care
- Use available support systems
- Express feelings about condition and its effect on sexuality.

Nursing interventions:

- Administer iron and BT as ordered
- Encourage verbalization of feelings
- Offer emotional help
- Help patient develop effective coping strategies
- Refer for counseling.

Patient education and health maintenance:

- Tell patient to report increased symptoms
- Explain effects of operation
- Encourage regular follow up visits.

FRACTURE

Refer paper 2008, question 6

PATIENT HAVING TONSILLECTOMY

Refer paper 2006, question 4(c)

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Q.5. Write short notes on the following:

a. Corneal transplantation
b. AIDS
c. Burn and its management.

CORNEAL TRANSPLANT

Refer paper 2009, question 7(e)

AIDS

Refer paper 2008, question 7(a); Refer paper 2006, question 4(a)

BURNS

Burn injury results when the tissues of the body come into contact with or are exposed to a thermal, electric, chemical, or radioactive source.

Causes

- Thermal burns
- Chemical burns
- Electrical burns
- Radiation burns.

Medical Management

- **IV fluids therapy:**
  - To give sufficient fluid to allow perfusion of vital organs without over hydrating the patient and circulatory overload.
  - Generally a crystalloid (Ringer's lactate) solution is used. Initially it is used on the second day.
- **Antibiotics:** Antibiotics are given to the patient to treat infection.
- **Analgesics:** Analgesics are given to the patient to treat pain due to tissue injury.
- **Topical antimicrobials:** Topical medications are used to cover burn areas and to reduce the number of organism, e.g. silver sulfadiazine 1%, mafenite acetate, silver nitrate, silver sheeting, mupirocin.
- **Wound cleansing and debridement:** Burn wounds must be cleansed initially and usually daily with a mild antibacterial cleansing agent and saline solution or water.
- **Symptomatic treatment:** Give a treatment to the patient according to symptoms.

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Nursing Management

Initial Management

- Maintain airway, breathing, and circulation.
- Administer tetanus toxoid prophylactically.
- Start IV fluids to prevent shock.
- Insert nasogastric tube to prevent paralytic ileus.
- Insert indwelling urinary catheter to monitor accurate output.
- Use of aseptic techniques for dressing the wound.
- Administer one-fourth of the calculated fluids during the 2nd to 8th hour.
- Monitor the pulse rate, heart rate and rhythm continuously.
- Monitor blood pressure in an unburned extremity wherever possible.

Later Management

- Maintain O_2 and patent airway.
- Maintain fluid and electrolyte balance.
- Maintain normal body temperature.
- Nutritional management must be aggressive to combat acute nutritional deficiency.
- When bowel sounds return, administer oral fluids and advance diet.
- Give high protein or high caloric diet to the patient.
- Provide potassium and vitamin and mineral supplements.
- Escher can be removed through daily or twice when dressing is changed and use of forceps and scissor the time of wound cleaning.
- Assess the signs of hypoxemia
  - Provide mechanical ventilation, continuous positive airway pressure if required.
  - Initiate more frequent bronchial suctioning.
  - Administer bronchodilators treatment as orders.
  - Elevate extremities if necessary.
  - Be alert to signs of fluid overload and heart failure, especially during initial fluid resuscitation.
  - Observe all wounds daily and document wound status on the patients chart.
  - Wash hands with antibacterial cleaning agent before and after all procedure.
  - Chang IV tubing for prevention recommendation.
  - Assess wounds daily for local signs of infection, swelling, redness, purulent discharge, etc.
  - Provide psychological support to the patient and family member.
  - Instruct the patient in measures to lubricate the skin for comfort and healing.

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Medical-Surgical Nursing (Part II)

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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