



Medical- surgical Nursing
Final Examination
Second Semester / 2nd years



Date:15/5/2016

Time: 3hrs

Total marks 80

Part I: Multiple choice questions: (47 Marks)

A-Read the following statement and circle the right answer:

(One mark for the right answer: 33 Marks)

1- Physiologic responses to all types of shock include all of the following except:

- a. activation of the inflammatory response.
- b. hypermetabolism.
- c. hypoperfusion of tissues.
- d. increased intravascular volume.

2- The stage of shock characterized by a normal blood pressure is the:

- a. initial stage.
- b. compensatory stage.
- c. progressive stage.
- d. irreversible stage.

3- In progressive stage shock, clinical hypotension is present if the systematic blood pressure is:

- a. 85 mm Hg.
- b. 110 mm Hg.
- c. 95 mm Hg.
- d. 100 mm Hg.

4- Hematologic system changes in progressive shock would be characterized by all of the following except:

- a. generalized hypoxemia.
- b. hypertension.
- c. metabolic acidosis.
- d. sluggish blood flow.

5- Patients receiving fluid replacement should frequently be monitored for:

- a. adequate urinary output.
- b. changes in mental status.
- c. vital sign stability.
- d. all of the above.

6- Hypovolemic shock occurs when intravascular volume decreases by:

- a. 5% to 10%.
- b. 15% to 25%.
- c. 35% to 50%.
- d. more than 60%.

7- Vasoactive agents are effective in treating shock if fluid administration fails because of their ability to:

- a. decrease blood pressure.
- b. decrease stroke volume.
- c. reverse the cause of dehydration.
- d. increase cardiac preload.

8- Sympathomimetic drugs increase cardiac output by all of the following measures except:

- a. decreasing preload and afterload.
- b. increasing myocardial contractility.
- c. increasing stroke volume.
- d. increasing cardiac output.

9- A full-thickness burn is:

- a. classified by the appearance of blisters.
- b. identified by the destruction of the dermis and epidermis.
- c. not associated with edema formation.
- d. usually very painful because of exposed nerve endings.

10- With partial-thickness (second-degree) burns, skin regeneration begins to take place:

- a. within 7 to 14 days.
- b. in 2 to 4 weeks.
- c. after 2 months.
- d. between the third and sixth month.

11- Fluid shifts during the first week of the acute phase of a burn injury that cause massive cell destruction result in:

- a. hypernatremia.
- b. hypokalemia.
- c. hyperkalemia.
- d. hypercalcemia.

12- A serious gastrointestinal disturbance that frequently occurs with a major burn is:

- a. diverticulitis.
- b. hematemesis.
- c. paralytic ileus.
- d. ulcerative colitis.

13- A child tips a pot of boiling water onto his bare legs. The mother should:

- a. avoid touching the burned skin.
- b. cover the child's legs with ice cubes.
- c. immerse the child's legs in water.
- d. liberally apply butter to the burned area.

14- As the first priority of care, a patient with a burn injury will initially need:

- a. a patent airway established.
- b. an indwelling catheter inserted.
- c. fluids replaced.
- d. pain medication administered.

15- Eyes that have been irritated or burned with a chemical should be flushed with clean water:

- a. immediately.
- b. in 5 to 10 minutes.
- c. after an eye examination.
- d. after 24 hours.

16- Mr. Aly comes to burn unit with a 30% burn of total body surface area and his weight 80KG. He should receive a minimum of how much fluid replacement in the first 8 hours?

- a. 1,200 mL
- b. 2,400 mL
- c. 3,600 mL
- d. 4,800 mL

17- Fluid and electrolyte changes in the emergent phase of burn injury include all of the following except:

- a. base-bicarbonate deficit.
- b. elevated hematocrit level.
- c. potassium deficit.
- d. sodium deficit.

18- During the fluid remobilization phase, the nurse knows to expect all of the following except:

- a. hemodilution.
- b. increased urinary output.
- c. metabolic alkalosis.
- d. sodium deficit.

19- Wound cleansing and surgical debridement may begin as early as:

- a. 72 hours.
- b. 1 week.
- c. 1.5 to 2 weeks.
- d. 1 month.

20- Early indicators of late-stage septic shock include all of the following except:

- a. decreased pulse pressure.
- b. a full, bounding pulse.
- c. pale, cool skin.
- d. renal failure.

21- Lumen narrowing with atherosclerosis is caused by:

- a. atheroma formation on the intima.
- b. scarred endothelium.
- c. thrombus formation.
- d. all of the above.

22- The pain of angina pectoris is produced primarily by:

- a. coronary vasoconstriction.
- b. movement of thromboemboli.
- c. myocardial ischemia.
- d. presence of atheromas.

23- The nurse advises a patient that sublingual nitroglycerin should alleviate angina pain within:

- a. 3 to 4 minutes.
- b. 10 to 15 minutes.
- c. 30 minutes.
- d. 60 minutes.

24- Which statement best describes the difference between the angina pain and the pain of myocardial infarction?

- a. Pain associated with angina is relieved by rest.
- b. Pain associated with MI is always more severe.

- c. Pain associated with angina is confined to the chest area.
- d. Pain associated with MI is referred to the left arm.

25- When applying a Transderm Nitro (nitroglycerin) patch to a client with angina, the nurse should:

- a. Shave the area before applying a new patch
- b. Remove the old patch and clean the skin with alcohol
- c. Cover the patch with plastic wrap and tape it in place
- d. Avoid cutting the patch because it will alter the dose.

26- The physician has prescribed nitroglycerin buccal tablets as needed for a client with angina. The nurse should tell the client to take the tablets:

- a. After engaging in strenuous activity
- b. Every 4 hours to prevent chest pain
- c. When he first feels chest discomfort
- d. At bedtime to prevent nocturnal angina

27- The client admitted with angina is given a prescription for nitroglycerine. The client should be instructed to:

- a. Replenish his supply every three months.
- b. Take one every 15 minutes if pain occurs.
- c. Leave the medication in the brown bottle.
- d. Crush the medication and take with water.

28- The patients in CCU are facing multiple stressors as a result of:

- 1- Lack of privacy.
- 2- Multiple procedures.
- 3- Familiar machines.
- 4- Restricted movement.

Answer:

- a- 1, 2, 3 b- 2, 3, 4
c- 1, 3, 4 d- 1, 2, 4

29- To care for the family of the critically ill patient. The nurse should do:

- a- Continuous contact with the patient and family.
- b- Discourage family participation in care.
- c- Not tell the truth about the patient's condition to the family.
- d- Ignoring the patient's behavior changes.

30- Which of the following manifestations indicate that the CCU nurse has burnout?

- 1- Back pain 2-Difficulty sleeping
3- Absenteeism 4- Humanized care

Answer:

- a- 1,2,3 b- 2,3,4
c- 1,3,4 d- 1,2,4

31- When one rescuer doing cardiac resuscitation (CPR), the ratio between breathing and cardiac compression is:

- a) 1:15 c) 1 : 30
b) 2: 15 d) 2: 30

32-To prevent hypoxia for a patient during endotracheal suction, you apply suction for :

- a) Less than 10 second
- b) 10 -15 seconds
- c) 15 – 30 seconds
- d) 30 – 45 second

33- When rescuers doing cardiac resuscitation (CPR), the rescuers should compress:

- a) at a rate slower than 100/min
- b) interrupt for greater than 10 seconds
- c) at a rate of 100-120/min
- d) at a rate faster than 120/min

B-Situation: Questions 34 to 40 related to this situation:

(Two marks for the right answer: 14 Marks)

Mr. Ahmed has diagnosis renal failure admitted to hemodialysis unit with sudden change in renal function urea 200 and creatinine 9 and increase urine amount 3000 ml /day then decrease to 500 ml/ day after sever blood loss. Patient has shallow rapid respiration. He has PH: 7.3, PaCO₂: 26.7,HCO₃:14.6, he must be intubation and completely sedation for mechanical ventilator with tidal volume 10 mL/Kg and his body weight is 80 Kg.

34- Mr. Ahmed has:

- a. Metabolic acidosis
- b. Metabolic alkalosis:
- c. Respiratory acidosis
- d. Respiratory alkalosis

35-The correction of Mr. Ahmed case by:

- a. Give diuretics
- b. Give HCO₃
- c. decrease respiratory rate
- d. increase pulse rate

36-- What is type of renal failure for Mr. Ahmed?

- a. Acute renal failure
- b. Chronic renal failure
- c. End stage renal failure
- d. Mid stage renal failure

37-Total tidal Volume for Mr. Ahmed ismL

- a) 300mL
- b) 600 mL
- c) 800 mL
- d) 1200mL

38-Mode of ventilation for Mr. Ahmed must be:

- a) Control
- b) Assist-Control (A/C)
- c) Intermittent Mandatory Ventilation (IMV)
- d) Synchronized Intermittent Mandatory Ventilation (IMV)

39- Proper care for Mr. Ahmed on mechanical ventilator includes:

- 1. Observe Alarms turned off
- 2. Observe skin color
- 3. Observe secretions
- 4. Observe breathing pattern

Answer:

- a) 1,2,&3
- b) 1,3,&4
- c) 2,3,&4
- d) 1,2,&4

40-Nursing intervention for Mr. Ahmed's fluids and electrolytes when on mechanical ventilator include:

1. Monitor hydration status
2. Monitor intake and output
3. Restrict electrolytes
4. Monitor blood urea nitrogen

Answer:

- | | |
|-----------|-----------|
| a) 1,2,&3 | c) 2,3,&4 |
| b) 1,3,&4 | d) 1,2,&4 |

Part II: Answer the following questions: (22 marks)

A-Short essay questions: (19 marks)

1- Write five complications of cardiac resuscitation (5 marks)

- 1-.....
- 2-.....
- 3-.....
- 4-.....
- 5-

2-Write four Nursing diagnoses for patient with gastrointestinal bleeding. (4 marks)

- 1-.....
- 2-.....
- 3-.....
- 4-.....

3- Mention four nursing instructions to prevent emboli for patients' with pulmonary. (4 marks)

1-.....

2-.....

3-.....

4-.....

4- List six indications of cardiac catheterization (6 marks)

1-.....

2-.....

3-.....

4-.....

5-.....

6-.....

B- Complete Questions: (3 marks)

Write the meaning of the following abbreviations:

F A N C A P.

F:

A:

N:

C:

A:

P:

Part III: Matching Questions: (3 marks)

Match column A to the stable answer in the column B.

A	B
a- Low pressure alarm	1- Don't respect for individual needs.
b- Negligence	2-Relation between the patient, family and healthcare.
c- Apnea alarm	3- Patient disconnection.
d- Liaison	4- Patient stopped breathing.
e- high pressure alarm	5- Patient anxiety or pain, hypoxia and fever
f- High respiratory rate alarm	6-Ventilator failure due to Hardware failure
	7-Airway problems, secretions and tubing kinked

Answer:

A	B	C	D	E	F

Part IV: (8 marks)

A- True or false questions: (3 marks)

Read the following statement and put (T) if statement is true and (F) if statement is false.

1- Metabolic acidosis compensated by decrease in HCO_3	T	F
2- Cardiac massage repeats at a rate of about 100 times a minute in cardiopulmonary resuscitation.	T	F
3- Check safety for yourself and the victim at the end of resuscitation.	T	F
4- CPAP maintains constant positive pressure in airways so resistance and the work of breathing are decreased.	T	F
5- Compression and release should take an equal amount of time and the chest should be allowed to recoil to its normal position after each compression.	T	F
6- If patient isn't breathing normally, turn him into recovery position to avoid aspiration and tongue drop	T	F

B- Clinical situations questions: (5 marks)

Develop a nursing care plan for one of the following situations below.

For each one nursing diagnosis, list goals, nursing actions, rationale, and expected outcomes.

1. Aimee, a 19 years-old child, climbed onto a stove where an electric range was on high. Her pajamas caught fire, and she was burned over 60% of her body (excluding her face and neck) with second- and third-degree burns. Her mother managed to extinguish the flames and immerse her in a sink of cool water before emergency help arrived. Aimee was transported to a burn treatment center. There are two other preschool children in her family.

2. Mr. Lillis, a 46-year-old, is brought to the emergency department by ambulance with a suspected diagnosis of myocardial infarction. He appears pale, is diaphoretic, tachycardiac, and has severe chest pain.

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