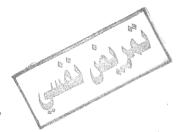


Fayoum University Faculty of Nursing





<u>Psychiatric Mental Health Nursing Final Exam</u> 4th year 1st semester

Please answer all the following questions

(Total marks: 80)

I- Read each item carefully then select the best answer: (35marks)

Part (1): Please read the following question and select the best answer

- 1- People suffering from neurosis usually complain of:
 - a- Hallucinations, delusions, and fatigue
 - b- Fatigue, fears, and physical complains
 - c- Fatigue, rejection, and dissociation
 - d- Delusions, fatigue and sadness
- 2- The appropriate nursing diagnosis for patient with phobia is:
 - a-Self esteem disturbance
 - b-Activity intolerance
 - c- Situational crisis
 - d- Ineffective individual coping
- 3- Mike has found that he needs to drink four or five beers to achieve the level of relaxation that he was able to achieve with only two beers a year ago. This phenomenon is called:
 - a- Withdrawal
 - b- Intoxication
 - c- Potentiating
 - d- Tolerance

- 4- A 41-year-old married female presented with headache for the last 6 month. She has several consultations. All her investigations were found to be within normal limits. She still insists that there is something wrong in her head and seeks another consultation. The most likely diagnosis is:
 - a. Phobia
 - b. Psychogenic headache
 - c. Hypochondriasis
 - d. Depression
- 5- Anti-anxiety medication should be used with extreme caution because long term use can lead to.
 - a- Parkinsonian like syndrome
 - b- Hypertensive crisis
 - c- Hepatic failure
 - d- Risk of addiction
- 6- Clozapine (Clozaril) is contraindicated in clients who have which of the following condition?
 - a- Bone marrow depression
 - b- Dry eye syndrome
 - c- Hypertension
 - d- Urinary retention
- 7- The physical and psychological changes that accompany discontinuation of a psychoactive substance are referred to as:
 - a- Tolerance
 - b- Withdrawal
 - c- Intoxication
 - d- Potentiation

- 8- Therapeutic environment for manic patient is characterized by all the following except:
 - a- Safety
 - b- Non stimulating
 - c- Excessive light
 - d- Presence of little number of attendances
- 9- Which of the following is the goal of secondary prevention in community mental health?
 - a- Early detection of cases
 - b- Early management of cases
 - c- Help people to avoid stress
 - d- a & b
- 10- Nurse Anna can minimize agitation in a disturbed patient by?
 - a. Increasing stimulation
 - b. limiting unnecessary interaction
 - c. Increasing appropriate sensory perception
 - d. Ensuring constant client and staff contact
- 11- When developed nursing care plan for patient with suicidal ideation, which of the following would be priority?
 - a- Coping skills
 - b- Safety
 - c- Self-esteem
 - d- Sleep
- 12- The nurse is caring for a client who is suicidal. When accompanying the client to the bathroom, the nurse should:
 - a. Give him privacy in the bathroom
 - b. Allow him to shave
 - c. Open the window and allow him to get some fresh air
 - d. Observe him

- 13- After 3 days of taking haloperidol, the client shows an inability to sit still, is restless and fidgety, and paces around the unit. Which of the following Extrapyramidal adverse reactions, the client is showing:
 - a. Dystonia
 - b. Akathisia
 - c. Parkinsonism.
 - d. Tardive dyskinesia.
- 14- A client tells the nurse that the television newscaster is sending a Secret message to her. The nurse suspects the client is experiencing:
 - a. An illusion.
 - b. Flight of ideas.
 - c. Ideas of reference.
 - d. A hallucination.
- 15- The nurse is caring for a client with manic-depression. The care plan for a client in a manic state would include:
 - a. Offering high-calorie meals and strongly encouraging the client to finish all food.
 - b. Insisting that the clients remain active throughout the day so that he'll sleep at night.
 - c. Allowing the client to exhibit hyperactive, demanding, manipulative behavior without setting limits.
 - d. Listening attentively with a neutral attitude and avoiding power struggles
- 16- A client with bipolar disorder is being treated with lithium for the first time. The nurse should observe the client for which common adverse effect of lithium?
 - a. Sexual dysfunction
 - b. Constipation
 - c. Polyuria
 - d. Seizures

- 17- A client who abuses alcohol and cocaine tells a nurse that he only uses substances because of his stressful marriage and difficult job. Which defense mechanisms is this client using?
 - a- Displacement
 - b- Projection
 - c- Rationalization
 - d- Sublimation
- 18- All of the following is TRUE regarding Schizophrenia except:
 - a- It is treated by antipsychotics.
 - b- It may need hospitalization.
 - c- It is an episodic disorder.
 - d- Electroconvulsive therapy (ECT) is indicated in certain cases
- 19- A client is experiencing anxiety attack. The most appropriate nursing intervention should include:
 - a- Turning on the television
 - b- Leaving the client alone
 - c- Staying with the client and speaking in short sentences
 - d- Ask the client to play with other clients
- 20- A patient admitted to a mental health unit for treatment of psychotic behavior spends hours at the locked exit door shouting. "Let me out. There's nothing wrong with me. I don't belong here." What defense mechanism is the patient implementing?
 - a- Denial
 - b- Projection
 - c- Regression
 - d- Rationalization

Part (2) Please read the following situations and answer the questions

Situation (1)

Mr. (X) with a diagnosis of schizophrenia, acute paranoid type. He has become increasingly withdrawn, agitated and irritable. He has been over heard talking and arguing in his room during the day and night. He says "The voices are telling me bad things again". During the past 2 weeks, Mr. (X) has refused to eat and has expressed fears that his mother has been trying to poison him. His appearance was disorganized, his hair was uncombed and his clothes were unclean, his mood was irritable, his thoughts were irrelevant and loose and he was easily distracted. The psychiatrist prescribed clozapine 10 mg twice daily and (6) ECT sessions day after day.

21- Nursing diagnoses for Mr. (x) include the following except:

- a- Imbalanced nutrition.
- b- Ineffective breathing pattern.
- c- Self-care deficit.
- d- Disturbed sensory perception.

22- Mr. (x) was diagnosed as paranoid schizophrenia which of the following symptom is more applicable:-

- a- Agitation
- b- Flat affect.
- c- Auditory hallucinations
- d- Bizarre behavior.

23- The most applicable principle that nurse can use with Mr. (X):

- a- Avoid anxiety
- b- Maintaining patient contact with reality
- c Consistency and patient security
- d Seeking validation from the patient

- 24- When Mr. (X) says to nurse: "The voices are telling me bad things again" The best response is:
 - a- Whose voices are those?
 - b- I doubt what the voices are telling you.
 - c- I do not hear the voice you say you hear.
 - d- Are you sure you hear these voices?
- 25- The preparation of Mr. (X) for ECT ideally is MOST similar to preparation of a patient for:
 - a- Electroencephalogram
 - b- X-ray
 - c- General anesthesia
 - d- Electrocardiogram

Situation (2)

- 26- Mr. (R) in his 50 s married and has a history of treatment-resistant depression. You consult with the patient's psychiatrist, and the recommendation is to initiate treatment with an MAO inhibitor antidepressant. What is the most important reason to meet with the patient's family when you prescribe this medication?
 - a. MAO inhibitors can cause orthostatic hypotension
 - b. MAO inhibitors can cause sexual dysfunction; therefore, the patient's spouse should be informed so as to anticipate this possibility .
 - c. MAO inhibitors can interact with certain foods and over-the-counter medications and cause an abrupt increase in blood pressure, which can be harmful
 - d. MAO inhibitors can disrupt the sleep-wake cycle, which can result in daytime somnolence and nighttime insomnia.

Situation (3)

- 27- On an in-patient psychiatric unit, the goals of therapy have been met, but the client cries and relapses, "I have to keep coming back to therapy to handle my anger better." This interaction occurs in which phase of the nurse-client relationship?
 - a- Orientation (introductory) phase.
 - b- Working phase.
 - c- Termination phase
 - d- All phases

Situation (4)

28- A 35-year-old man with bipolar disorder, most recent episode mixed, comes to the clinic for routine follow-up examination. His condition has been difficult to control and has required treatment with multiple medications during the past two years. The patient says his mood has been stable with his current regimen, but for the past three months, he has had tremor primarily affecting his hands. Which of the following medications is the most likely cause of this patient's tremor?

- a. Carbamazepine
- b. Gabapentin
- c. Lamotrigine
- d. Lithium carbonate

Situation (5)

Mr. Ali 40 years, farmer, unmarried is admitted to the mental health unit diagnosed with major depression recurrent with psychotic features, spends majority of the day lying in bed with the sheet pulled over his head. Tricyclic antidepressant was prescribed for him.

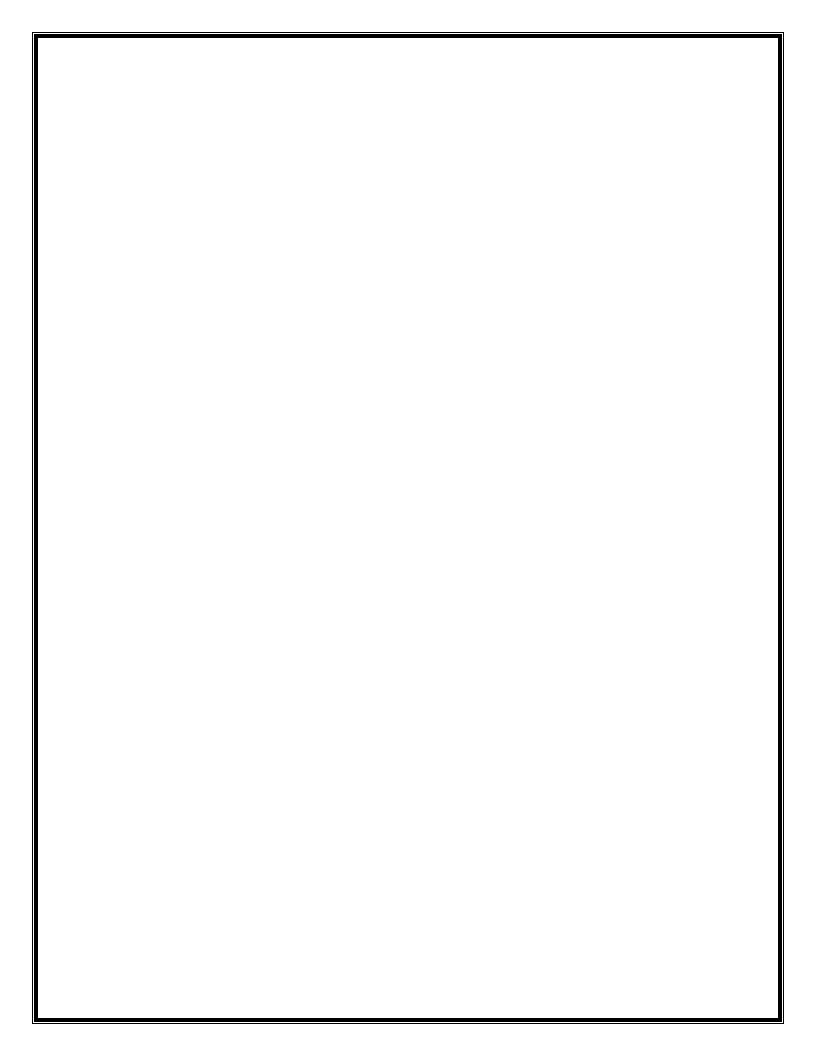
29-Which of the following approaches by the nurse would be the most therapeutic?

- a. Question the client until he responds
- b. Initiate contact with the client frequently
- c. Sit outside the clients room
- d. Wait for the client to begin the conversation

30- Mr. Ali is receiving Tricyclic antidepressants should be observed for which of these side effects?

- a- Urinary frequency
- b- Excessive drooling
- c- Suicidal ideation
- d- Orthostatic hypotension

- 31- Which of the following Mr. Ali behaviors is best indicating that the relationship is in the working phase?
 - a. The patient attempt to familiarize himself with the nurse
 - b. The patient makes an effort to describe his problem in detail
 - c. The patient tries to summarize his progress in the relationship
 - d. The patient challenges the limits of the relationship
- 32- To create a safe environment for Mr. Ali, the nurse most importantly devises a plan of care that deals specifically with the client:
 - a. Disturbed thought process
 - b. Self Care Deficit
 - c. Imbalanced Nutrition
 - d. Deficient Knowledge
- 33- Mr. Ali asks the nurse about the Milieu therapy. The nurse responds knowing that the primary focus of milieu therapy can be best described by which of the following?
 - a- A form of behavior modification therapy
 - b- A cognitive approach of changing the behavior
 - c- A living learning or working environment
 - d- A behavioral approach to changing behavior
- 34- Psychiatric nurse notice Mr. Ali is sitting alone in the corner smiling and talking to himself, realizing that the client is hallucinating. The nurse should:
 - a- Invite the client to share in activities
 - b- leave the client alone until she stop taking
 - c- Ask the client why she is smiling and talking
 - d- Tell the client it is not good for her to talk to her self
- 35- Mr. Ali says to the nurse "you are the best nurse i have met. I want to you to remember me. What is the appropriate response by nurse?
 - a- Thank you. I think you are respect me
 - b- I suspect you want something from me, what is it?
 - c- You probably say that to all your nurse-c
 - d- You are thinking of suicide



II- please put (T) for true statement and put (F) for false statement with give a correction for false ones (10 marks)

No	Statement	T/F
1-	There is definite line dividing the mental health from mental illness. Correction:	
2-	Nurse Tony should first discuss terminating the nurse-patient relationship with a client during the orientation phase Correction:	
3-	Social factors in ADHD are alone considered an etiological cause	
4-	Familial and environmental factors are less important for patients with anxiety disorder. Correction	
5-	Asking the patient to describe how he copes with anxiety is effective	-
	Correction:	
6-	The symptoms of intoxication remit once the amount of substance in people's blood and/or tissues declines, and the substance is no longer detectable in the body. Correction:	
7-	Drug-induced parkinsonism like symptoms is used for the patient with schizophrenia Correction:	
8-	The nurse should reassure the patient that everything will end well Correction:	
9-	For a person to be diagnosed with substance dependence, he or she must exhibit tolerance and withdrawal to the substance. Correction:	
10-	Nurse Suzy always supports the patient's unrealistic ideas Correction:	

III- Please match terms from column (A)with the statements from column (B) (10 marks)

marks)						
Column A	Column B					
1- Plant therapy	A- The patient's right to know who else will know about the					
	information her shares with the nurse.					
2- Recreational	B- It occurs when there is an inadequate washout period					
therapy	between taking MAOIs and SSRIs or when MAOIs are					
	combined with Meperidine.					
3-Confidentiality	C Ability to experience pleasure from pleasurable activities					
4-Occupational	D- It is a life threatening condition that may occurs at any					
therapy	time of treatment with dopamine antagonists or neuroleptics					
5- Serotonin	E- It occurs with long use of typical antipsychotics, may					
syndrome	manifest after one year of treatment					
6- Integration	F- loss interest in all regular pleasurable activities					
7- Neuroleptic	G- Preoccupation with the fear that one has or will get a					
malignant	serious disease based on the person's misinterpretation of					
syndrome	bodily symptoms.					
8-Body	H- Using of growing living objects to achieve therapeutic					
dysmorphic	goals used as to teach patient the core of living things that					
disorder	allow patient experience the result of coping with something					
	outside themselves.					
9- Anhedonia	I- The ability of individual to tolerate tension and frustration					
10-Tardive	J- Effective use of leisure time so it is the integral part of					
Dyskinesia	rehabilitation					
	K- using of time, energy, interest and attention to foster					
	adaption and productivity to minimize pathology.					
	L- Preoccupation with some imagined defect in his physical					
	appearance. The preoccupation is out of proportion to any					
	actual abnormalities.					
	M- The ability of individual to be independent and to make					
	his own decision.					

1	2	3	4	5	6	7	8	9	10	

IV- please complete the following: (20 marks)

1- Goals of milieu therapy			
1-			
2-			
3-	* *		
4-			
5-			•
2- Expected nursing diagnosis for anxio	us patient		
2-			
3-			
4-			
3- Nursing interventions for patient	immediately	nost	electroconvulsivo
therapy (ECT) session	1111111 V CO 1 CO 1 CO 1 CO 1 CO 1 CO 1	post	Ciccii oconi v disive
1-			
2-			
3-			
4- Severe signs of lithium toxicity:			
1-			
2-			
3-			
4-			
5-Types of anxiety disorder			
1-			
2-			
3-			
4-			