KENYATTA UNIVERSITY

UNIVERSITY EXAMINATIONS 2011/2012

SECOND SEMESTER EXAMINATION FOR THE DEGREE OF BACHELOR OF SCIENCE (NURSING AND PUBLIC HEALTH)

HNS 114(N): FUNDAMENTALS OF NURSING IV

DATE: Monday 26th March 2011 **TIME: 2.00p.m -4.00p.m**

INSTRUCTIONS:

i. Answer ALL Questions.

ii. For SECTION A – MCQS, Answer questions by cycling the correct answer

iii. SECTION B should be answered in the booklet provided following each other.

iv. Section C should be answered in separate pages..

SECTION A:

1. When transferring a patient, the nurse transferring the patient has the following main roles EXCEPT:
   a) To ensure continuity of care
   b) Assess and give emergency care if required
   c) Give psychological support to significant others
   d) Give adequate handing over report to the receiving health facility.

2. Before giving one of the following drugs, the pulse rate must be checked and then the drug administered the drug ONLY if the pulse rate is 60 beats and above per minute.
   a) Analgesics such as paracetamols.
   b) Premedication like injection pethidine.
   c) Digitalis such as Digoxin.
   d) Antipyretics such as Brufen.

3. It is important for a nurse to give a handing over report of the ward after every shift for the following reasons:
   a) To maintain continuity of care.
   b) To know the staff on duty.
   c) To give others moral support.
   d) To know the equipment/instruments in the inventory book

4. Pre-medication is given to the patient in order to give one the following effect:
   a) Prevent vomiting, cause relaxation.
   b) Make the patient drowsy, as part of anesthesia.
   c) Dry the nostrils, cause relaxation.
   d) Relieve anxiety, dry secretion.

5. The commonly administered premedication in an adult is:
   a) Pethidine 50mg and atropine 0.6mg.
   b) Pethidine 100mg and hydrocortisore 100mg.
   c) Atropine 0.6mg and pethidine 100mg.
   d) Crystapen 1 mega unit and Pethidine 50mg.

6. When given an intramuscular injection, it is important that the nurse holds the needle and syringe at:
   a) An angle of 45^{o}.
   b) An angle of 90^{o}.
   c) An angle of 30^{o}.
   d) An angle of 15^{o}.

7. The nurse should always use her own judgment to take 4 hourly neurological observation in the following conditions EXCEPT:
   a) When nursing patients with factures of the skull.
   b) When nursing patient following brain surgery.
   c) When nursing a patient with hypertension.
   d) When dealing with patient following head injuries.

8. When counting the respiratory rate of a patient with respiratory conditions the respiratory rate must be counted for:
    a) One minute.
    b) Half a minute then multiply by two.
    c) Quarter of a minute then multiply by four.
    d) Two minutes.

9. The patient is kept nil orally for 6 hours prior to surgery for one of the following reasons.
    a) To prevent paralytic ileus.
    b) To prevent aspiration.
    c) To prevent infection.
    d) To clear the large intestine.

10. The following are indications for administering oxygen EXCEPT:
    a) Severe infections e.g. septicaemia.
    b) Shock causing stagnation of blood flow.
    c) Compromised respiratory system.
    d) As part of pre-operative preparation in the ward.

11. The rationale for connecting the patient to the pulse oximeter is:
    a) To monitor oxygen saturation.
    b) To confirm that the system is working.
    c) To ensure it is the right patient receiving oxygen.
    d) To prevent infection.

12. The following are indications for administering an enema EXCEPT:
    a) Pre-operatively for lower gastro-intestinal operations.
    b) Facial impaction.
    c) Evacuating the rectum.
    d) Providing fluids to the body.

13. The following are indicators for giving blood transfusion EXCEPT:
    a) Severe infection.
    b) Massive Blood Loss.
    c) Severe anemia.
    d) Peri-operatively is major surgeries

14. Observations of vital signs must be done before commencement of blood mainly for the following reasons:
    a) Promote efficiency of the procedure.
    b) To relive anxiety and gain patients cooperation.
    c) Establish baseline data and early detection of reaction.
    d) It is a hospital policy.

15. The term hyperpyrexia is defined as:
    a) A high pulse rate.
    b) A very high fever of 39 - 41^{o}C.
    c) A fever of 37.5 – 38.3^{o} C.
    d) A temperature below 35^{o}C.

16. The use of a fracture board for a patient with Cardiac condition is mandatory for one of the following reasons:
    a) It is important when resuscitating the patient.
    b) It is easier to keep the patient in a sitting up position.
    c) The patient needs a firm bed for comfort.
    d) It makes it easy for the patient to use a bedpan or the bed does not sag.

17. For question 17-18 indicate whether TRUE or FALSE in the space provided.
    a) Gingivitis is defined as inflammation of the mouth_____
    b) One of the reasons why oral care is done is to prevent halitosis_____

18. a) One of the effects of giving a bedbath to a patient is improved blood circulation _____
    b) When giving a bedbath the nurse will be able to note the patients mental state_____

19. An intake and output chart is maintained for one of the following reasons:-
    a) To check the kidney function, to confirm whether patient is receiving adequate fluids.
    b) To check urine concentration, to check whether alimentary canal is functioning.
    c) A routine for critically ill patients, to check whether patient is receiving adequate fluids.
    d) To check on bowel function, to satisfy patient.

20. A nursing care plan is mandatory for every patient for the following reasons EXCEPT:
    a) Meeting nursing councils requirements.
    b) Ensuring a 24 hour care.
    c) Providing individualized care.
    d) Documentation.

SECTION B: SHORT ANSWER QUESTIONS

1. State the rules governing the custody, administration and control of dangerous drugs which a nurse must observe. [5marks]

2. Outline why observation of vital signs mandatory in nursing practice. [5marks]

3. State five points you will confirm when filling a pre-operative checklist before taking the patient to theatre. [6marks]

4. Outline the verification required before commencing blood on a patient. [6marks]

5. Explain what is assessed in an adult when using a GLAGOW Coma Scale. [7marks]

6. Explain any three positions used in nursing. [6marks]

7. State any six reasons why a nurse must always maintain accurate records. [6marks]

SECTION C: LONG ANSWER QUESTIONS

1. Mr. Q is admitted in the male surgical ward following a laparatomy. Describe the immediate post-operative care of Mr. Q and the subsequent care in the next 36 hours. [20marks]

2. a) Describe the stages of dying according to Kubler Ross. [10marks]
   b) Explain the role of the nurse in each stage. [10marks]