

COMMONWEALTH OF AUSTRALIA

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Family Name	
Given Names	
Student Number	
Teaching Period	Semester 1, 2016

FINAL EXAMINATION	DURATION
NUR250 – Medical Surgical Nursing 1	Reading Time: 10 minutes
	Writing Time: 180 minutes

INSTRUCTIONS TO CANDIDATES

Multiple Choice Questions: Answer ALL questions on the Answer Sheet provided at the back of this examination paper.

Short Answer Questions: Answer ALL questions in ink or biro on the lines underneath each question on this examination paper.

EXAM CONDITIONS

You may begin writing from the commencement of the examination session. The reading time indicated above is provided as a guide only.

This is a CLOSED BOOK examination

No calculators are permitted

No handwritten notes are permitted

No dictionaries are permitted

ADDITIONAL AUTHORISED MATERIALS	EXAMINATION MATERIALS TO BE SUPPLIED
No additional printed material is permitted	1 x Scrap Paper Faculty/School Multiple Choice Answer Sheet

**THIS EXAMINATION IS PRINTED
DOUBLE-SIDED.**

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Section A

Multiple Choice Questions

Total No of Marks for this section: 40 marks

This section is to be answered on the Answer Sheet provided at the back of this Examination Paper. Please ensure that your name and student number have been written on the Answer Sheet and that the Answer Sheet is attached or inside your Examination Paper on completion.

Marks for each question are indicated. Suggested Time allocation for Section A: 50-60 minutes

End of Section A

Section B begins on next page

Section B

Short Answer Questions

Total number of marks for this section: 100 marks

Questions in this section are to be answered in ink or biro on the lines below each question.

Marks for each question are indicated. Suggested Time allocation for Section B: 120 minutes

Question 41

The registered nurse has 4 legal responsibilities when working with therapeutic substances such as medications. Safe administration is one of these responsibilities. The other three (3) responsibilities are:

1. _____

2. _____

3. _____

(Marks: 3)

Question 42

Identify five (5) steps in the clinical reasoning cycle:

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 1)

Question 43

Identify five (5) social determinants of health that may impact on the health and wellbeing of people in your care.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 44

You are caring for a person who has difficulty communicating in English. Identify an appropriate nursing action to ensure the nurse can communicate effectively with the person and that the person can make their needs and concerns known.

(Marks: 1)

Question 45

Identify the four (4) different assessment techniques a nurse uses when assessing the person and what you would assess using each technique.

Technique

I would use this technique to assess:

1.

2.

3.

4.

(Marks: 4)

Question 46

Explain when it is appropriate for a nurse to perform a focused assessment.

(Marks: 1)

Question 47

You find a person you are caring for collapsed on the bathroom floor near their bed. What is your ***first*** nursing priority after ensuring that there is no danger to you and/or the person?

(Marks: 1)

Question 48

What are the two key infection control measures that nurses implement to minimise or prevent cross-infections in clinical settings?

1. _____

2. _____

(Marks: 1)

Question 49

When completing a pre-operative assessment, explain why it is important for the nurse to determine if a person is taking over the counter and other non-prescribed treatments or medications in addition to those prescribed by their doctor.

(Marks: 1)

Question 50

Louise has had a surgical procedure and returned to the ward several hours ago but still has not voided. What is your most appropriate ***first*** nursing action?

(Marks: 1)

Question 51

Explain why early mobilisation of after surgery prevents the development of post-operative respiratory complications.

(Marks: 1)

Question 52

You are caring for Jeff who has a patient controlled analgesic device (PCA) in place. What is the most appropriate instruction you can give Jeff to ensure effective pain management?

(Marks: 1)

Question 53

You are caring for Sally post-operatively. One of the nursing problems you identify is acute pain. One of your goals of care today is to make Sally as pain free as possible.

Identify

(a) Four (4) different nursing actions or interventions to achieve this goal of care

1.

2.

3.

4.

(Marks: 4)

(b) For each nursing action or intervention you have identified above, explain why each is appropriate and how will help you achieve this goal of care today

1. _____

2. _____

3. _____

4. _____

(Marks: 4)

(c) Identify two (2) indicators that will tell you your care plan to relieve Sally's pain is effective.

(Marks: 2)

Question 54

When assessing Frank as part of the admission process, the nurse recognises that there are risk factors that might indicate the possibility of Frank having coronary artery disease. Identify 4 risk factors that will alert you to this possibility.

1. _____
2. _____
3. _____
4. _____

(Marks: 2)

Question 55

List 2 factors that can affect cardiac output.

1. _____
2. _____

(Marks: 1)

Question 56

Identify 2 errors in technique that can affect blood pressure assessment.

1. _____
2. _____

(Marks: 2)

Question 57

One of Frank's prescribed medications is the cardiac glycoside, digoxin. One of the nurse's responsibilities when administering prescribed medications is to monitor for adverse effects. Identify 5 signs or symptoms of digoxin toxicity.

1. _____
2. _____
3. _____
4. _____
5. _____

(Marks: 2.5)

Question 58

Frank is prescribed a diuretic for cardiac problems. When assessing Frank before administering the next dose, you note a low urine output and suspect he may be hypovolaemic. Identify three (3) other clinical manifestations you might find on closer assessment.

1. _____
2. _____
3. _____

(Marks: 3)

Question 59

Frank, who has a history of coronary artery disease, rings the bell for attention. When you come to his bedside he looks worried and tell you he doesn't feel very well. You recognize that it is possible that he is experiencing angina and that an appropriate nursing action is to use the PQRST mnemonic to assess his pain. What are the five (5) items you assess using the PQRST mnemonic?

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 60

While you are at Frank's bedside, he reports increasing, more severe pain, becomes dyspnoeic, extremely anxious, diaphoretic, mottled and dusky in colour and less alert.

(a) What conclusion would you make from these signs and symptoms?

(Marks: 1)

(b) What are 2 of your highest priority nursing diagnoses/problems at this point?

1.

2.

(Marks: 2)

(c) What are your first 4 immediate nursing actions or interventions?

1.

2.

3.

4.

(Marks: 4)

(d) Identify 5 priority nursing assessments you will undertake once Frank is stable.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

(e) Although Frank becomes stable after treatment, he is at risk of complications. Identify 2 potential complications you will be alert for over the remainder of your shift today.

1. _____

2. _____

(Marks: 2)

Question 61

Frank has several admissions with cardiac problems over the next 6 months and is eventually diagnosed with heart failure. For each of the body systems below, identify one (1) sign or symptom that you are likely to find when assessing Frank.

1. Cardiovascular:

2. Respiratory:

3. Neurological

4. Gastro-intestinal

5. Integumentary:

(Marks: 5)

Question 62

An important nursing goal when caring for Frank is to reduce cardiac workload and myocardial oxygen demand. Explain why this is an important goal in Frank's care.

(Marks: 2)

Question 63

You are assisting Robyn, who has a respiratory problem, to have a shower. Robyn becomes breathless, her face becomes pale and her lips turn from bright to dusky pink. Identify 3 priority nursing actions you will implement at this point.

1. _____

2. _____

3. _____

(Marks: 1.5)

Question 64

Once Robyn has recovered and completed her daily hygiene, she request assistance to get back into bed. What is the most appropriate position for Robyn to be nursed in and why?

- _____
- _____
- _____
- _____

(Marks: 2)

Question 65

What are 4 early signs and symptoms of respiratory failure and inability to maintain ventilatory effort?

1. _____

2. _____

3. _____

4. _____

(Marks: 2)

Question 66

Explain why a person with a chronic airways problem requires a high energy, high protein diet.

(Marks: 1)

Question 67

List 3 factors that affect wound healing.

1. _____

2. _____

3. _____

(Marks: 1.5)

Question 68

Identify five (5) risk factors that can contribute to the development of pressure ulcers.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 69

You are caring for a person just admitted with a major burn. It is 6 hours after the burn injury. Identify

(a) The phase of burn management the person is currently in

(Marks: 1)

(b) Five (5) high priority nursing problems that you will document on the nursing care plan

1.

2.

3.

4.

5.

(Marks: 2.5)

(c) Explain what each of the nursing problems identified above is related to and why it is a key priority

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 5)

Question 70

Max has been admitted to your ward with increasing abdominal pain, nausea and abdominal fullness. His abdominal x-ray in the emergency department showed distended intestinal loops and a possible fluid level. Since admission, his vital signs have been slightly elevated, his pain score is 2-3 but he is still feeling very full and bloated. The doctor has prescribed several broad spectrum antibiotics, including metronidazole and an anti-emetic and prn analgesia.

(a) What conclusion would you make from these signs and symptoms?

(Marks: 1)

(b) What do you expect the medical orders are for the following:

1. Nutrition and hydration:

2. Elimination:

(Marks: 2)

(c) You recognize you need to assess Max's abdomen and gastro-intestinal function.

Identify:

- a. Five (5) specific assessments you will do as part of this assessment
- b. Why you will do them and what they will tell you

1.

2.

3.

4.

5.

(Marks: 5)

- (d) You are asked to insert a nasogastric tube as part of Max's treatment. Identify
- Why Max needs a naso-gastric tube
 - How you will confirm that the tube is in the correct place

(Marks: 2)

Once the naso-gastric tube has been inserted and position confirmed, you aspirate 25 mls of light, yellow brownish fluid with some tinges of green. You are directed to place the nasogastric tube on continuous drainage.

- (e) Is the aspirate what you would normally expect when aspirating a nasogastric tube? Explain your response.

(Marks: 1)

- (f) What needs to be monitor closely when a nasogastric tube is on free drainage and why?

(Marks: 1)

Question 72

There is evidence that people requiring longer term hospitalization or those with health problems affecting their ability to eat independently can develop malnutrition. Ensuring an adequate dietary intake is a key nursing role. Identify three (3) nursing actions you will do to ensure people in your care have adequate dietary intake at each meal.

1. _____

2. _____

3. _____

(Marks: 3)

Question 73

Explain why it is important for a person with osteoarthritis to maintain a balance between rest and activity.

(Marks: 2)

Question 74

What are the normal hormonal changes associated with aging that put the older person at risk for osteoporosis?

(Marks: 1)

Question 75

You are preparing Josh for discharge after a closed reduction of a fractured tibia and fibula. Identify three (3) points you are going to tell Josh about how to look after the plaster cast on his leg.

1.

2.

3.

(Marks: 3)