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Family Name					
Given Name/s					
Student Number					
Teaching Period	Semester 2, 2018				

NUR250 – Medical Surgical Nursing 1	DURATION	
	Reading Time:	10 minutes
	Writing Time:	180 minutes
INSTRUCTIONS TO CANDIDATES		
<p>The examination has two (2) sections.</p> <p>Section A: 40 multiple choice questions (1 mark each) Total: 40 marks Place an X or color in the box for the most correct answer on the Multiple Answer Sheet provided. Answers to be written on the Multiple Answer Sheet in ballpoint pen.</p> <p>Section B: Short answer questions. Marks as indicated on paper. Total 60 marks Answers to be written on the examination paper in ballpoint pen.</p>		
EXAM CONDITIONS		
<p><u>You may begin writing from the commencement of the examination session.</u> The reading time indicated above is provided as a guide only.</p>		
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 4-Multiple Choice Answer Sheet 1 x Scrap Paper	

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DOUBLE-SIDED.**

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LEFT BLANK.**

Section B

Short Answer Questions

Total number of marks for this section: 60 marks

Questions in this section are to be answered **in ballpoint pen** on the lines below each question.

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

You are working on a general medical surgical ward in a regional hospital and have been allocated the nursing care of 2 patients.

Read each case study carefully and answer the questions below it.

Patient Number 1: Dave a 58 year old male

Dave has been on a disability pension and unable to work for the past 9 years since injuring his back at work. Since his accident at work Dave is no longer as active as he once was and over the past few years has increasingly continued to gain weight. He is now in the morbidly obese range with a BMI of 41kg/m^2 . He lives alone in a ground floor unit.

Dave presented to the emergency department overnight with nausea and vomiting and a 5 day history of mid abdominal colicky pain. Dave stated initially the pain was intermittent with bouts of constipation and diarrhoea. The pain and faecal output then decreased on day 3. The following day the abdominal pain returned and has become increasingly severe and steady over the past 24 hours. He has been unable to open his bowels or pass flatus for the past 24 hours apart from small smears of diarrhoea.

His abdomen is distended and tender on palpation. Bowel sounds are high pitched and tinkling in some areas of the abdomen and absent in others. An x-ray and ultra sound confirm he has a mass in his small bowel causing an obstruction.

His previous medical history includes GORD, hypertension and osteoarthritis.

Dave's condition is currently stable and he has been placed on the urgent list for surgery and has been transferred to the ward. A nasogastric tube has been inserted on free drainage. He is currently fasting for surgery and has been commenced on 1 litre of normal saline over 8 hours.

Question 1

Constipation is defined as the infrequent or difficult passage of faecal matter.

Identify 5 causes of constipation

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

(2.5 marks)

Question 2

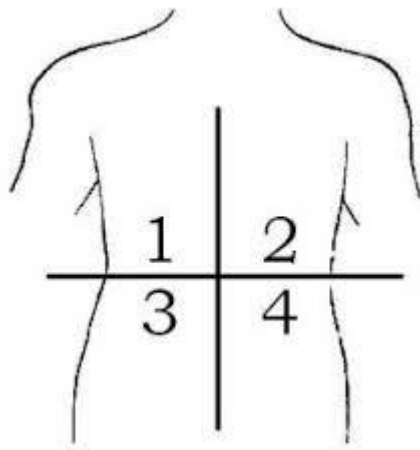
The person with suspected or confirmed bowel obstruction should be frequently assessed for complications.

List two (2) complications of complete or partial bowel obstruction

- 1. _____

- 2. _____

(1 mark)



Question 3

Refer to the drawing above and state in full the names of each of the four quadrants of an abdomen.

AND

Identify 2 organs or internal structures within each quadrant

1. _____

2. _____

3. _____

4. _____

(6 marks)

Question 4a

On your shift you have identified the following four (4) nursing problems as a priority when planning Dave's nursing care. Explain what the following four (4) nursing problems are related to.

1. **Risk of nutritional imbalance** related to:-

2. **Risk of fluid imbalance** related to:-

3. **Activity Intolerance** related to:-

4. **Chronic low self-esteem** related to:-

(4 marks)

Question 4b

Identify two (2) **nursing interventions** the nurse would implement to address each of the four nursing problems identified above.

Risk of nutritional imbalance

- 1. _____

- 2. _____

Risk of fluid imbalance

- 1. _____

- 2. _____

Activity Intolerance

- 1. _____

- 2. _____

Chronic low self-esteem

- 1. _____

- 2. _____

(4 marks)

Question 5

Nausea and vomiting are common, unpleasant, gastrointestinal symptoms.

List two (2) specific **nursing interventions** the nurse will implement to manage or relieve Dave’s nausea.

1. _____

2. _____

(1 marks)

Question 6

Obesity has been associated with numerous health related problems.

List five (5) health related problems that are associated with obesity.

1. _____

2. _____

3. _____

4. _____

5. _____

(2.5 marks)

Question 7

Dave has been scheduled for urgent surgery.

Describe the following classifications of surgical procedures

AND

Give one example of a type of surgical procedure that would be appropriate for each classification.

Elective surgery

Urgent surgery

Emergency surgery

(3 marks)

Question 8

Dave has returned from the operating theatre where he underwent a laparotomy under general anaesthetic for removal of the blockage and small bowel resection.

The person with obesity is at higher risk of post-operative respiratory complications such as pneumonia and atelectasis.

State three (3) signs or symptoms the nurse will be monitoring or assessing for that may indicate Dave is developing respiratory complications post operatively.

- 1. _____
- 2. _____
- 3. _____

(1.5 marks)

Question 9

Promoting lung expansion and systemic oxygenation of the body is the goal of care for a person at risk of respiratory complications.

State three (3) nursing interventions or actions the nurse could implement to promote Dave’s lung expansion and systemic tissue oxygenation post operatively.

- 1. _____

- 2. _____

- 3. _____

(1.5 marks)

Question 10

Post operatively the nurse should be assessing Dave’s systemic oxygenation using pulse oximetry.

List three (3) factors that may alter the accuracy of the pulse oximetry reading.

- 1. _____
- 2. _____
- 3. _____

(1.5 marks)

Question 11

Bowel elimination is frequently altered after bowel surgery and return to normal gastro-intestinal function is often delayed. The nursing care is focused on promoting and assessing the return of normal gastro-intestinal function. The nurse should assess Dave for the return of normal peristalsis.

Identify two (2) assessments the nurse could undertake to identify the return of normal peristalsis.

- 1. _____

- 2. _____

(1 marks)

Question 12

Nursing care post abdominal surgery includes auscultating the abdomen for bowel sounds. Explain how the nurse should auscultate the abdomen.

(1 mark)

Question 13

The inability to urinate or urinary retention may occur post operatively.

Identify two (2) interventions the nurse may implement to promote urinary elimination for Dave.

1. _____

2. _____

(1 mark)

Question 14

During his hospitalisation Dave mentions to the nurse that the osteoarthritis in his knees has been increasingly worsening over the past few months.

Define osteoarthritis.

(1 mark)

Question 15

Osteoarthritis is initially treated conservatively.

Identify three (3) non-pharmacological interventions the nurse could recommend to reduce the pain associated with osteoarthritis and/or to assist Dave to maintain as much normal joint function as possible.

1. _____
2. _____
3. _____

(1.5 mark)

Patient Number 2: Miss Kelly

Miss Kelly is an 86 year old female who is awaiting nursing home placement. Miss Kelly was brought to hospital 2 months ago by her neighbours who were concerned she was no longer able to care for herself. Miss Kelly had lived by herself for most of her life and has no family support. She has a niece who lives interstate who has been appointed her guardian but is unable to care for her.

On admission Miss Kelly was diagnosed with dementia and an Aged Care Assessment Team (ACAT) referral and assessment were completed. Miss Kelly is now admitted to a medical ward to await placement and transfer to a secure aged care facility.

Miss Kelly is independent when mobilising but requires assistance and prompting with her activities of daily living (ADLs). She is often confused and impulsive and has difficulty communicating her needs however most of the day she sits happily in a chair talking to herself.

Prior to being admitted to hospital Miss Kelly had no previous medical history.

The previous evening Miss Kelly fell when trying to get out of bed. First aid was administered at the bedside at the time of the fall and an x-ray confirmed a Colles fracture of her right radius. Miss Kelly's fractured wrist did not require surgical intervention and was treated overnight by the orthopaedic team with a closed reduction and application of a forearm cast and sling.

X-rays overnight and a subsequent bone mineral density scan this morning have confirmed Miss Kelly has osteoporosis.

Question 16

Identify 3 signs or symptoms that the nurse would assess for that would indicate Miss Kelly's wrist was fractured.

- 1 _____
- 2 _____
- 3 _____

(1.5 marks)

Question 17

On your shift you have identified the following three (3) nursing problems as a priority when planning Miss Kelly's nursing care. Explain what the following three (3) nursing problems are related to.

Impaired physical mobility related to:-

Risk of falls related to:-

Risk of disturbed tactile sensory perception related to:-

(3 marks)

Question 18

Identify two (2) **nursing interventions** the nurse would implement to address each of the four nursing problems identified above.

Impaired physical mobility

1. _____

2. _____

Risk of falls

1. _____

2. _____

Risk of disturbed tactile sensory perception

1. _____

2. _____

(3 marks)

Question 19

When caring for a patient with a fracture the nurse should assess for compartment syndrome.

State 3 signs or symptoms the nurse should monitor for that would indicate Miss Kelly may have compartment syndrome

- 1. _____

- 2. _____

- 3. _____

(3 marks)

Question 20

The nurse will also monitor Miss Kelly for any other complications associated with musculoskeletal trauma.

Identify two (2) other complications of musculoskeletal trauma

AND

State two (2) signs or symptoms the nurse will monitor for each complication.

- 1 _____

- 2 _____

(3 marks)

Question 21

Several theories attempt to explain the response to pain and provide explanations of the neurophysiological basis for pain.

Identify one (1) pain theory and give a brief description of the pain theory identified.

(2 marks)

Question 22

There are many myths and misconceptions regarding pain and pain management which are common in the healthcare profession.

State two (2) myths or misconceptions regarding pain and pain management.

1. _____

2. _____

(2 marks)

Question 23

Due to a diagnosis of dementia and inability to effectively communicate verbally Miss Kelly may be unable to verbalise her pain.

Identify 2 non-verbal cues the nurse would assess for that may indicate Miss Kelly is in pain.

- 1. _____

- 2. _____

(1 mark)

Question 24

Miss Kelly been newly diagnosed with osteoporosis.

Define osteoporosis

(1 mark)

Question 25

State five (5) risk factors for osteoporosis

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

(2.5 marks)

Question 26

Identify 2 medications that may be prescribed for the treatment of osteoporosis.

1. _____
2. _____

(1 mark)

Question 27

Identify three (3) changes to the musculo-skeletal system as a person ages.

1. _____

2. _____

3. _____

(3 marks)

END OF EXAMINATION